

Case Number:	CM13-0058635		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2010
Decision Date:	05/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported a work-related injury on 2/26/10. The mechanism of injury was cumulative trauma to the hands, wrists, forearm and elbows. The clinical note dated 10/24/13 noted that the injured worker complained of bilateral elbow pain along the medial sides, right thumb stiffness and pain. The injured worker described numbness and tingling at the right thumb and index finger only. The clinical note stated there were no current medications, and no relevant surgical history. The clinical note indicated that the review of systems were normal. On physical exam, both medial epicondyles were tender. The right thumb had no visible locking with active motion, but passive motion during palpation over the A-1 pulley was significantly tender. The carpal tunnel Tinel's test was positive on the right. The volar wrist flexion compression test was positive on the right. The cubital tunnel Tinel's test was positive bilaterally, but elbow flexion compression test was negative. The current treatment plan included an injection of 1mL of depo Medrol and 1mL of 1% lidocaine into the bilateral medial epicondyles and at the right thumb A-1 pulley and a nerve conduction study. Diagnoses given to the injured worker were bilateral medial epicondylitis, right trigger thumb, and compressive neuropathy involving carpal tunnel and the cubital tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG/NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM states that most patients presenting with true hand and wrist problems do not require special studies until after 4-6 weeks of conservative care and observation are completed. Most patients will improve quickly, provided red flag conditions are ruled out. EMG and NCV studies are recommended when people are positive for carpal tunnel syndrome. The documentation provided for review noted that the injured worker was not on any medications. It also did not provide conservative care results, or therapy results, and did not note if the injured worker was in any therapy. The clinical note dated 10/24/13 showed that the injured worker received an injection into the bilateral medial epicondyles and at the right thumb A-1 pulley; however, no documentation was provided for the effectiveness of the injections. Therefore, the request for the decision for the EMG/NCV of the bilateral upper extremities is non-certified.