

Case Number:	CM14-0001734		
Date Assigned:	01/22/2014	Date of Injury:	06/20/2001
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Sports 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 38-year-old female who reported an injury on June 20, 2001 due to an unknown mechanism. The clinical note dated January 23, 2014 indicated the injured worker had complaints of right arm pain, numbness, and paresthesia. The injured worker's physical exam revealed tenderness along the right ulnar elbow and over the ulnar groove, a positive Tinel's, pain limitation upon on gripping, intact neurological exam, and full elbow and wrist range of motion. The injured worker's diagnoses were status post right ulnar nerve transposition surgery, status post right De Quervain's release, right lateral epicondylitis, and midright carpal tunnel syndrome. The provider recommended a nerve conduction study of the upper right upper extremity and electromyography of the right upper extremity. The request for authorization form was dated December 18, 2013. The providers rational was not provided in the medical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCS) OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND EDITION (UPDATED 2007), CHAPTER 10, 42-43

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

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines state Nerve Conduction Studies, may be recommended in cases of peripheral impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The medical documents included indicate that the injured worker reported complaints of increased pain, but there is no numerical value noted. Additionally, there is no documentation provided for comparison indicating the injured worker has been responsive to conservative care or that severe nerve entrapment is present, since neurologically, the patient was noted to be intact. There is a lack of evidence of a complete and accurate pain scale and there is no indication that the injured worker has undergone recent physical therapy to assist with pain relief. The request for an NCS of the right upper extremity is not medically necessary or appropriate.

ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND EDITION (UPDATED 2007), CHAPTER 10, 42-43

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

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommend an EMG in cases of peripheral nerve impingement. If no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The medical documents lack evidence of muscle weakness and numbness symptoms that would indicate peripheral nerve impingement. The clinical note submitted indicates the injured worker is using hydrocodone for pain relief; however, there is no indication that pain relief is not being achieved. The medical documents lack evidence of a complete and adequate pain scale of the injured worker. There was lack of evidence of conservative care. The request for an EMG of the right upper extremity is not medically necessary or appropriate.