Case Number:	CM14-0002102		
Date Assigned:	01/24/2014	**Date of Injury:**	06/30/2011
Decision Date:	06/06/2014	**UR Denial Date:**	12/13/2013
Priority:	Standard	**Application Received:**	01/07/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant has filed a claim for chronic shoulder, wrist, hand, and bilateral upper extremity pain reportedly associated with an industrial injury of June 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a wrist TFCC debridement surgery; transfer of care to and from various providers in various specialties; CT scanning of the cervical spine of December 20, 2013, negative for cervical fracture or dislocation; opioid therapy; and work restrictions. An electrodiagnostic testing of the right upper extremity of November 11, 2013 was interpreted as negative for any radiculopathy or neuropathy. A November 12, 2013 progress note was notable for comments that the applicant had persistent complaints of wrist and low back pain. The applicant's only excepted body part, however, was the wrist, it was stated. The applicant was depressed, it was stated. A positive Tinel sign was noted in the injured wrist. It was stated that the applicant had right upper extremity weakness and had reportedly completed an MRI of the right wrist with minimal findings. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. An earlier note of October 23, 2013, in fact, suggested that the applicant was off of work, on total temporary disability. The applicant was described as having diagnosis of suspected carpal tunnel syndrome, status post triangular fibrocartilage tear, and shoulder impingement syndrome. It was stated that the applicant had persistent complaints of right wrist pain with associated issues with numbness, tingling, weakness about the hand and digits. The applicant did exhibit a well-healed surgical incision line with positive Tinel and Phalen signs about the wrist. Diminished right hand grip strength was noted. A wrist support, electrodiagnostic testing, and MR arthrography were all endorsed. It was stated that the applicant had earlier MRI imaging of the right wrist of July 19, 2013 which was notable for fluid about the radial ulnar joint versus suspected triangular

fibrocartilage tear. MR arthrography was recommended if clinically indicated, to further delineate the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-272.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 11, page 261 does support usage of appropriate electrodiagnostic studies to help differentiate between carpal tunnel syndrome, and other suspected conditions, such as cervical radiculopathy, in this case, however, the applicant's symptoms were confined to the symptomatic right upper extremity and right arm. Multiple progress notes, referenced above, all seemingly stated that the applicant had persistent right wrist complaints, right wrist paresthesias, positive Tinel and Phalen signs about the right wrist, etc. There was little or no mention made of issues associated with left hand or wrist. The October 23, 2013 progress note in which the requests in question were made did not touch on or address issues pertaining to the asymptomatic left hand or wrist. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the diagnostic evaluation of screening of applicants without symptoms is not recommended. In this case, the applicant is in fact either asymptomatic or minimally symptomatic insofar as the left upper extremity is concerned. While EMG testing of the symptomatic right upper extremity could have been supported, testing of the bilateral extremities cannot as the applicant is asymptomatic insofar as the left upper extremity is concerned. Therefore, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTEMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, routine usage of NCV or EMG testing in diagnostic evaluation of nerve entrapment in applicants without symptoms is not recommended. In this case, the applicant is in fact asymptomatic insofar as the left upper extremity is concerned. While NCV testing of the symptomatic right upper extremity could have been supported, testing of the bilateral upper extremities cannot as it runs counter to the ACOEM Guideline which argues against testing of

the asymptomatic, contralateral, and unaffected left upper extremity. Therefore, the request is not medically necessary.

MRI ARTHROGRAM RIGHT WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Wrist Pain - American College Of Radiology.

Decision rationale: The MTUS does not address the topic of wrist MR arthrography to help identify diagnosis of suspected triangular fibrocartilage tear. As noted by the American College of Radiology (ACR), MR arthrography can enhance the diagnostic yield of a study for diagnosing internal derangements of the wrist, especially abnormalities of ligaments, articular cartilage, and triangular fibrocartilage. In this case, earlier wrist MRI imaging of July 19, 2013 was equivocal and failed to uncover definitive evidence of a triangular fibrocartilage tear. MR arthrography was endorsed by the radiologist to help definitively establish the presence or absence of a triangular fibrocartilage tear, as is suspected here. Therefore, the request is medically necessary owing to the fact that the applicant remains significantly symptomatic, has had earlier MRI imaging suggestive (but not definitive) for a TFCC tear, and owing to the favorable ACR recommendation.