

Case Number:	CM14-0005390		
Date Assigned:	02/05/2014	Date of Injury:	02/08/2012
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 Neurology, 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 51-year-old female who reported an injury on 2/8/12; the mechanism of injury was not provided for review. The injured worker was diagnosed with carpal tunnel syndrome bilaterally, cubital tunnel syndrome bilaterally, and ganglion cyst on the left. The clinical note dated 11/21/13 indicated that the injured worker reported tingling in the thumb, index, and long finger at night for the past week. The injured worker reported she wore a splint. On physical exam, there was intermittent numbness to the right finger, thumb, index, and long finger. The injured worker had positive thenar eminence atrophy. The wrist was tender upon palpation over the dorsum. The injured worker had a positive Phalen's test and Tinel's was positive. The injured worker's pinch strength was 8kg to the right and 7-8kg to the left. Her grip strength was 22-26kg to the right, and 22-24 kg to the left basal joint. The injured worker's medication regimen included Voltaren 1% topical gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV 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, CHAPTER 11 - FOREARM, WRIST, HAND COMPLAINTS,

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

Decision rationale: The ACOEM states that NCV for median or ulnar impingement at the wrist is recommended after failure of conservative treatment. The guidelines also note that routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. It was unclear as to whether the injured worker has undergone an adequate course of conservative care, other than medication. There was lack of evidence in the clinical note as to the number of sessions of physical therapy the injured worker had completed. As such, the request is not medically necessary.

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, CHAPTER 11 - FOREARM, WRIST, HAND COMPLAINTS,

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

Decision rationale: The ACOEM states that routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. The medical documents lack evidence of muscle weakness, numbness, and other symptoms that would indicate nerve impingement. Additionally, it did not appear the injured worker had specific findings congruent with radiculopathy. As such, the request is not medically necessary.