Case Number:	CM14-0007247		
Date Assigned:	02/12/2014	**Date of Injury:**	08/06/2009
Decision Date:	07/11/2014	**UR Denial Date:**	12/23/2013
Priority:	Standard	**Application Received:**	01/20/2014

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 patient is a 45 year old male who has filed a claim for hand sprain and de Quervain's disease on the left associated with an industrial injury date of August 06, 2009. The progress notes indicates pain in the left thumb, index finger, and wrist; pain in the left thumb radiating to the index and middle fingers; weakness of the left hand with difficulty grasping and gripping objects; and locking of the left index and middle fingers. Findings include positive Finkelstein test on the left; tenderness of the left index and middle fingers; slightly decreased motor strength of the left thumb, finger flexors, thenar muscles, and grip strength; decreased sensation at the left median nerve distribution; and positive left median nerve provocative tests. CT of the left upper extremity dated September 23, 2013 showed a cystic mass in the distal phalanx of the thumb. MRI of the left hand dated April 17, 2013 showed a bone lesion at the tip of the distal phalanx of the thumb, likely a bone cyst. Mention of an electrodiagnostic study of the bilateral upper extremities in April 2013 showed no abnormalities. Treatment to date has included opioids, physical therapy, acupuncture, massage therapy, cortisone injections to the left thumb, injections to the left carpal tunnel, and surgery of the left thumb in 2011. A utilization review from December 23, 2013 denied the requests for cortisone injection to the area of greatest pain at the volar radial aspect of the left thumb, as patient has had at least 6-7 cortisone injections to the left thumb without documentation of long-term benefit from these injections. There is modified certification for EMG/NCV of the left upper extremity only.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION INTO THE AREA OF GREATEST PAIN VOLAR RADIAL ASPECT- LEFT THUMB: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand chapter, Injection.

Decision rationale: According to the ODG, corticosteroid injection without splinting is the preferred initial treatment for de Quervain's tenosynovitis. In this case, the patient has had several left thumb injections in the past. However, patient only received benefits lasting 1-2 days. There is no rationale for a repeat injection, as only minimal benefit has been achieved in the past. Therefore, the request is not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES INCLUDING SSEP OF THE MEDIAN AND ULNAR NERVES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Pain Chapter, Evoked potential studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Electrodiagnostic studies (EDS).

Decision rationale: As stated on page 238 of the ACOEM Guidelines, criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. According to the ODG, electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. This includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In this case, the patient presents with findings suggestive of left carpal tunnel syndrome. A nerve conduction study of the left upper extremity may be reasonable in this patient. However, there are no findings referable to the right upper extremity, and an EMG is not necessary at this time for the diagnosis of nerve entrapment. Therefore, the request is not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES INCLUDING SSEP OF THE MEDIAN AND ULNAR NERVES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Pain Chapter, Evoked potential studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome chapter, Electrodiagnostic studies (EDS).

Decision rationale: As stated on page 238 of the ACOEM Guidelines, criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. According to ODG, electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. This includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. Electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In this case, the patient presents with findings suggestive of left carpal tunnel syndrome. There are no findings referable to the right upper extremity. Therefore, the request is not medically necessary.