

Case Number:	CM14-0014211		
Date Assigned:	02/26/2014	Date of Injury:	04/04/2013
Decision Date:	07/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 57-year-old female who has submitted a claim for left wrist sprain associated with an industrial injury date of April 4, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic left wrist pain. Physical examination showed left TFCC, scapholunate, and lunotriquetral interval tenderness; decreased ROM on the left upper extremity; Tinel's testing elicited pain at the carpal tunnel and distal forearm on the left at the median nerve distribution; and an abnormal monofilament testing on the right hand. Grip strength using Jamar dynamometer showed 40-45-40 at right, and 25-10-8 at left. Treatment to date has included NSAIDs, opioids, physical therapy, and left wrist arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, patient presented with numbness of both hands, left worse than right. Physical examination of the left hand revealed marked weakness of grip strength, and positive Tinel's sign eliciting pain at the carpal tunnel and distal forearm. Working impression is carpal tunnel syndrome. The medical necessity was established. Therefore, the request for electromyography (EMG) of the left upper extremity is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY:

Overtaken

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) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS) 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, patient presented with numbness of both hands, left worse than right. Physical examination of the left hand revealed marked weakness of grip strength, and positive Tinel's sign eliciting pain at the carpal tunnel and distal forearm. Patient's manifestations indicate radiculopathy or neuropathy. Guidelines do not recommend NCS if radiculopathy is clinically apparent. Therefore, the request for nerve conduction velocity (NCV) of the left upper extremity is medically necessary.