

Case Number:	CM14-0016822		
Date Assigned:	04/11/2014	Date of Injury:	08/02/2012
Decision Date:	06/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 54-year-old male who was injured on August 2, 2012. The patient continued to experience pain in his right wrist. Physical examination was notable for tenderness to the ulnar wrist region, positive impaction test, negative Tinel's test, and negative Watson's test. Diagnoses included right ulnar impaction syndrome, possible carpal tunnel syndrome, right triangular fibrocartilage tear. Treatment included wrists surgery, wrist brace, medications, and physical therapy. Right wrist surgery was performed on December 5, 2012 and June 19, 2013. Request for authorization for electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities to rule out carpal tunnel syndrome was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NVC) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKER'S COMPENSATION, ONLINE EDITION, CHAPTER: MANAGING FOREARM, WRIST AND HAND COMPLAINTS, ELECTRODIAGNOSTIC STUDIES (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CARPAL TUNNEL SYNDROME.

Decision rationale: Electrodiagnostic studies, including electromyography and nerve conduction studies, are recommended in patients who have clinical signs of carpal tunnel syndrome, who may be candidates for surgery. In this case the patient did not have clinical signs of carpal tunnel syndrome. There was no documentation of numbness or tingling in the thumb, index or long fingers. There is documentation of numbness and tingling in the right little and ring fingers more consistent with ulnar neuropathy. Tinel's test is negative. Phalen's test is not documented. In addition, there is no documentation that further wrist surgery is being considered. Medical necessity has not been established. The request should not be authorized.