| | | | |
|---|---|---|---|
| **Case Number:** | CM14-0017133 | | |
| **Date Assigned:** | 04/14/2014 | **Date of Injury:** | 01/20/2010 |
| **Decision Date:** | 05/30/2014 | **UR Denial Date:** | 01/17/2014 |
| **Priority:** | Standard | **Application Received:** | 02/11/2014 |

## 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 Family Practice, 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 52-year-old who reported an injury on January 20, 2010. The mechanism of injury was not provided for review. The injured worker's treatment history included bilateral carpal tunnel release and right trigger thumb release, physical therapy, and multiple medications for pain control. The injured worker underwent an electrodiagnostic study on April 23, 2013 that documented there was no evidence of entrapment causing nerve damage to the left upper extremity and there was no evidence of abnormalities in the electromyography and nerve conduction study of the left upper extremity. The injured worker was evaluated on January 9, 2014. It was documented that the injured worker complained of bilateral wrist pain aggravated by gripping, grasping, and squeezing. Evaluation of the cervical spine documented tenderness on the right at the C5-6 and C6-7 and paraspinal musculature and right upper trapezius and levator scapular and rhomboid musculature. It was documented that the injured worker had decreased range of motion of the left wrist with tenderness over the left elbow and a positive Tinel's sign of the left elbow. It was documented that the injured worker had tenderness over the left ulnar nerve with a positive Tinel's sign of the ulnar nerve on the left side. The injured worker's diagnoses included status post left carpal tunnel release, status post right carpal tunnel release, bilateral carpel tunnel syndrome, left cubital tunnel syndrome, cervical musculoligamentous sprain/strain, and status post right trigger thumb release. The injured worker's treatment pain included an EMG (electromyography) and NCV (nerve conduction velocity) study of the bilateral upper extremities to evaluate for worsening cubital tunnel syndrome and the presence of ulnar nerve compression in the left Guyon's canal with continuation of a home exercise program and medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV OF RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The requested NCV of the right upper extremity is not medically necessary or appropriate. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommends electrodiagnostic studies for injured workers who have evidence of neurological deficits that require delineation between radiculopathy and neuropathy. The injured worker's most recent clinical documentation does indicate that the injured worker has complaints of neurological deficits of the right upper extremity. However, the injured worker's physical examination did not provide any significant neurological deficits of the right upper extremity to support the need for an electrodiagnostic study. The request for an NCV of the right upper extremity is not medically necessary or appropriate.

**EMG OF LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The requested EMG of the left upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine support the need for EMGs when there is presence of radiculopathy upon physical examination. The clinical documentation submitted for review does not provide any evidence of radiculopathy that would require further evaluation from a diagnostic study. The request for an EMG of the left upper extremity is not medically necessary or appropriate.

**NCV OF LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The requested NCV or the left upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do support the need for electrodiagnostic studies when there is evidence of peripheral nerve impingement that

have failed to respond to conservative treatments and require further diagnostic evaluation. The clinical documentation submitted for review does indicate that the injured worker underwent a left upper extremity electrodiagnostic study in April of 2013. The clinical documentation submitted for review fails to document any significant treatment that would alter the outcome of an additional electrodiagnostic study. There is no documentation of progression of symptoms to support that a different outcome may be provided by an additional electrodiagnostic study. The request for an NCV of the left upper extremity is not medically necessary or appropriate.

**EMG OF RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested EMG of the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for injured workers who have evidence of neurological deficits that require delineation between radiculopathy and neuropathy. The injured worker's most recent clinical documentation does indicate that the injured worker has complaints of neurological deficits of the right upper extremity. However, the injured worker's physical examination did not provide any significant neurological deficits of the right upper extremity to support the need for an electrodiagnostic study. The request for an EMG of the right upper extremity is not medically necessary or appropriate.