

Case Number:	CM14-0017880		
Date Assigned:	04/16/2014	Date of Injury:	10/31/2011
Decision Date:	05/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal 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 claimant is a 51 year old female who sustained an industrial injury on 10/31/2011. The mechanism of injury was the result of repetitive hand motion with resultant pain in the hands, arms, shoulders, neck and right knee. Her diagnoses include s/p right cubital tunnel release with anterior submuscular transposition of the ulnar nerve and medical epicondyle repair, mild right lateral epicondylitis, right carpal tunnel syndrome with possible ulnar nerve compression at the wrist, right forearm tendonitis, and trapezial and paracervical strain. She complains of pain in both shoulders with radiation into the hands with associated numbness. On exam, there is slight trapezial and paracervical tenderness. There is slight tenderness over the right cubital tunnel scar. The Tinel's sign and elbow flexion test were negative at the cubital tunnels bilaterally. Grip strength was diminished on the right. Tinel and Phalen signs at the right carpal tunnel were positive. The treating provider has requested right and left NCV median ulnar wrists to r/o carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LEFT MEDIAN ULNAR WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-2733.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Medscape Internal Medicine: Nerve conduction/Electromyography Testing 2012

Decision rationale: According to the MTUS/ACOEM Guidelines and Medscap Internal Medicine, EMG and nerve conduction studies (NCS) are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathy, and muscle disorders. EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for NCV testing of the left wrist. Based on the medical records provided for review there is no documentation provided necessitating NCV testing of the left wrist. Additionally, the medical documentation indicate that the claimant's symptoms and physical examination findings are consistent with carpal tunnel syndrome on the right. The patient has no symptoms referable to the left. Medical necessity for the requested service has not been established. The request for NCV left medical ulnar wrist is not medically necessary and appropriate.