

Case Number:	CM14-0018516		
Date Assigned:	04/18/2014	Date of Injury:	05/16/2012
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 37 year old female who reported an injury on 05/15/2012 secondary to scooping ice cream. She was treated with medications and an unknown duration of physical therapy for her right wrist. The injured worker was diagnosed with a right wrist triangular fibrocartilage complex tear and de Quervain tenosynovitis. Subsequently, she underwent a right wrist arthroscopic synovectomy and first dorsal extensor compartment release on 05/08/2013 and attended 12 sessions of post-operative physical therapy. The injured worker was evaluate on 11/05/2013 and reported intermittent right elbow pain and occasional pain in the right hand and wrist with tingling and numbness. A physical exam noted absence of abnormalities of the cervical spine and shoulders with regard to range of motion values, palpation, and provocative testing. Normal sensation and deep tendon reflexes were noted in the upper extremities. There was a mild limitation of range of motion of the right elbow with no other abnormal findings. The physical examination of the right wrist revealed limited range of motion to include 37 degrees of flexion and 41 degrees of extension with mild (4/5) weakness. She was also noted to have tenderness over the right wrist ulnar side tendons of the abductor pollicis longus and extensor pollicis brevis in the first dorsal compartment. Tinel's, Phalen's, Finkelstein's, and CMC grind tests were all negative. At that time, the injured worker was recommended for an MR arthrogram, ultrasound, and electrodiagnostic studies of the right wrist. An MRI of the right wrist on 01/09/2014 revealed a possible partial tear of the triangular fibrocartilage. The injured worker was re-evaluated on 01/16/2014 and reported 9/10 right wrist pain with activity and improved right elbow pain. On physical exam, she was noted to have a healed arthroscopic incision of the right wrist with tenderness and painful motion. Medications were noted to include Naproxen and Prilosec. The injured worker was also noted to be treated with a home based exercise program at that time. A request for authorization was submitted on 01/14/2014 for bilateral upper extremity

EMGs and NCVs as well as a right wrist ultrasound to determine soft tissue abnormality outside the joint in the case of a cyst or tendon injury. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL UPPER EXTREMITY EMG (ELECTROMYOGRAPHY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, 272

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), , ELBOW, 42-43

Decision rationale: The request for bilateral upper extremity EMG is not medically necessary. California MTUS/ACOEM Guidelines state that electrodiagnostic studies are recommended to assist in the diagnosis of subacute or chronic peripheral nerve entrapments, including ulnar neuropathies, radial neuropathies and median neuropathies. On physical exam, the injured worker was noted to have intact sensation and reflexes in the upper extremities, with mild weakness and decreased range of motion of the wrist. All provocative testing of the cervical spine and wrists were normal. The injured worker reported right elbow and right wrist pain with intermittent tingling and numbness, and was therefore recommended for an EMG to rule out peripheral nerve compromise. However, the injured worker has reported symptoms in the right wrist and elbow only. Therefore, an EMG of both upper extremities is not warranted. As such, the request for bilateral upper extremity EMG is not medically necessary.

BILATERAL UPPER EXTREMITY NCV (NERVE CONDUCTION VELOCITY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, 272

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), ELBOW, 42-43

Decision rationale: The request for bilateral upper extremity NCV is not medically necessary. California MTUS/ACOEM Guidelines state that electrodiagnostic studies are recommended to assist in the diagnosis of subacute or chronic peripheral nerve entrapments, including ulnar neuropathies, radial neuropathies and median neuropathies. The injured worker has been treated with physical therapy, home exercise, and NSAIDs and continued to report 9/10 right wrist pain. On physical exam, the injured worker was noted to have intact sensation and reflexes in the

upper extremities, with mild weakness and decreased range of motion of the wrist. All provocative testing of the cervical spine and wrists were normal. The injured worker reported right elbow and right wrist pain with intermittent tingling and numbness, and was therefore recommended for an NCV to rule out peripheral nerve compromise. While an NCV of the right upper extremity may be warranted, the injured worker has reported symptoms in the right wrist and elbow only. Therefore, an NCV of both upper extremities is not warranted. As such, the request for bilateral upper extremity NCV is not medically necessary.

RIGHT WRIST ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for a right wrist ultrasound is not medically necessary. The injured worker underwent a right wrist arthroscopic synovectomy and first dorsal extensor compartment release on 05/08/2013. As of the most recent evaluation, the injured worker reported severe pain in the right wrist and was noted to have some weakness and limited range of motion. An MRI of the right wrist with contrast on 01/09/2014 revealed a possible partial tear of the triangular fibrocartilage. Official Disability Guidelines recommend radiography to detect tendon injuries. However, the injured worker has already completed a radiographic study, and there are no exceptional factors documented to indicate that she would benefit from an additional radiographic study. As such, the request for a right wrist ultrasound is not medically necessary.