

Case Number:	CM14-0111048		
Date Assigned:	08/01/2014	Date of Injury:	01/26/2011
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 male who reported an injury on 01/26/2011 due to an injury while working construction and utilizing a motorized drill. The injured worker had diagnoses of right carpal tunnel, osteoarthritis of the right elbow, and stenosing tenosynovitis of the right wrist first dorsal compartment (right de Quervain's tenosynovitis). Prior treatment included medications, surgery, night bracing, occupational therapy, warm water soaks, and acupuncture. Diagnostic studies included x-rays of right and left wrist on 06/12/2014, an MRI of right elbow and wrist on 11/08/2013, and Nerve conduction study of the right upper extremity on 07/10/2014 which revealed moderate carpal tunnel syndrome and moderate right ulnar neuropathy at the elbow and wrist. The injured worker underwent arthroscopic debridement with complete synovectomy and loose body removal to the right elbow on 01/16/2012 and revision of the right elbow arthroscopic debridement on 04/15/2014. The clinical note dated 06/12/2014 noted the injured worker complained of continuous pain to his right wrist and elbow, especially with twisting movements. The injured worker indicated the pain was sometimes deep in the right wrist with occasional radiation up the right arm. The injured worker stated his grip was weak and painful. The injured worker also reported he felt a sensation of "needles" to his right thumb. The injured worker had loss of full active range of motion to his right wrist and forearm and right elbow. There was a positive Phalen's and a positive Tinel's to the median nerve of the right wrist. There was also a positive finkelstein's test to the right wrist. The injured worker had decreased sensation to the volar skin overlying the right thumb, index and middle and ring fingers. Medications included Ibuprofen 800mg. The treatment plan was for 1 EMG/NCS RUE. The physician recommended EMG/NCS to the right upper extremity to rule out proximal vs. distal nerve compression and to rule possible surgically correctable nerve compression. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS RUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel, Nerve conduction studies (NCS) and Electromyography (EMG).

Decision rationale: The request for 1EMG/NCS RUE is not medically necessary. The injured worker complained of continuous pain to his right wrist and elbow, especially with twisting movements which occasionally radiated up the right arm. The injured worker stated his grip was weak and painful and he felt a sensation of "needles" to his right thumb. The injured worker had a positive Phalen's and a positive Tinel's to the median nerve of the right wrist as well as a positive finkelstein's test to the right wrist. The injured worker had decreased sensation to the volar skin overlying the right thumb, index and middle and ring fingers. The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The Official Disability Guidelines recommend nerve conduction studies for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The guidelines indicate electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. In more difficult cases, needle electromyography may be helpful as part of electrodiagnostic studies which include nerve conduction studies. There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type; however, seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. Upon physical examination the injured worker has findings which indicate neurologic deficit. However, a nerve conduction study of the right upper extremity was performed on 07/10/2014 which revealed moderate carpal tunnel syndrome and moderate right ulnar neuropathy at the elbow and wrist. Given that the prior electrodiagnostic study showed moderate carpal tunnel syndrome and moderate right ulnar neuropathy at the elbow and wrist and there is no evidence of a change in the injured worker's presentation, a repeat electrodiagnostic study would not be indicated. Therefore the request for 1 EMG/NCS RUE is not medically necessary.