

Case Number:	CM14-0118092		
Date Assigned:	08/06/2014	Date of Injury:	09/10/2012
Decision Date:	09/25/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine, and is licensed to practice in California. 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 38-year-old female who has submitted a claim for carpal tunnel syndrome, tenosynovitis of the hand, wrist or finger and sprain/strain of the wrist associated with an industrial injury date of September 10, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of right wrist pain. Physical examination of the hand and wrist revealed normal range of motion, absence of tenderness, negative Finkelstein's test, and normal strength testing. An EMG/NCV done on January 2013 revealed normal findings. Treatment to date has included right shoulder manipulation on 1/3/2014, use of a rigid and soft brace, work modifications, physical therapy and medications. Utilization review from July 15, 2014 denied the request for Electromyography and Nerve conduction velocity study of the right upper extremity because the patient presented with normal hand findings and had already undergone electrodiagnostic studies, which indicated negative findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve conduction velocity study of the right upper extremity:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. According to the ODG, nerve conduction studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient presented with normal physical findings on the hand and wrist. Furthermore, electrodiagnostic studies had already been conducted on the left upper extremity with normal results, and the provided medical records do not outline progressive neurologic dysfunction to warrant further testing. Therefore, the request for Electromyography and Nerve conduction velocity study of the right upper extremity is not medically necessary.