MAXIMUS Federal Services

Case Number:	CM14-0121651		
Date Assigned:	08/25/2014	Date of Injury:	05/06/2013
Decision Date:	10/02/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 is licensed to practice in Alabama. 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 53 year old male who was injured on 05/06/2013 while lifting bales of alfalfa when he noted gradual onset of right hand pain. Prior treatment history has included 6 sessions of occupational therapy to the right upper extremity. The patient underwent right hand long finger release on 05/06/2013. Progress report dated 06/27/2014 documented the patient to have complaints of persistent right hand pain. He denies weakness or paresthesias. On exam, the right upper extremity revealed wrist range of motion extension to 60 degrees bilaterally; flexion to 70 degrees bilaterally; ulnar deviation to 30 degrees; and radial deviation to 20 degrees. Range of motion of index finger revealed MCP to -25 degrees bilaterally; PIP to 0-90 bilaterally; and DIP 0-60 bilaterally. There is no active triggering on right index finger. He has negative Tinel's over carpal tunnels, right and left. Jamar grip testing revealed grip strength on the right is 60, 60, 60 and on the left is 60, 70, 70. Key pinch on the right is 20, 20, 20 and on the left is 20, 18, 18. Diagnostic impression is right carpal tunnel syndrome and index finger stenosing tenosynovitis status post carpal tunnel release and trigger finger release, right index finger, permanent and stationary. The patient has been recommended for an EMG and NCV of bilateral upper extremities. Prior utilization review dated 07/17/2014 states the request for EMG and NCV is denied as there medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) / Nerve Conduction Velocity (NCV) Testing of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome Page(s): 261-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Current online as of 9/2014, Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: The above Official Disability Guidelines regarding electrodiagnostic studies for carpal tunnel syndrome state "recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary... In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. In more difficult cases, electromyography (EMG) may be helpful. If the EDS are negative, tests may be repeated later in the course of treatment." In this case, note from 7/7/14 states "I feel that it would be reasonable and appropriate to repeat his nerve conduction studies. I think there is a high probability that the nerve conduction study is going to show the nerve significantly improved. Unless the study shows the nerve actually worsened, I do not think it is likely that I will have anything that I can offer surgically to speed up the patient's recovery and will likely then transfer his care to a specialist in physical and rehabilitation medicine." Note from 6/27/14 does not report any clinical signs of CTS, rather notes negative Tinel's and Phalen's tests. Being that there are no documented clinical signs of CTS, and low probability that the patient would be a candidate for surgery, the request is not medically necessary. Based on the above guidelines and provided clinical documentation, the request for EMG/NCV is not medically necessary.