

Case Number:	CM14-0127460		
Date Assigned:	08/15/2014	Date of Injury:	06/03/2012
Decision Date:	12/31/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old female with date of injury of 06/03/2012. The treating physician's listed diagnoses from 07/02/2014 are: 1. Tenosynovitis, right hand and wrist. 2. Carpal tunnel syndrome. 3. Ganglion, right wrist. According to this report, the patient complains of right wrist pain. There has been no improvement in her right wrist pain and she gets severe pain with any moderate use of her hands. She is not able to do lighter movements such as turning doorknobs or keys because of pain. The patient uses a right wrist brace which is wearing out. She states she continues to have numbness in her right ring and middle finger. The examination shows minimal diffuse swelling over the right wrist. There is tenderness to palpation over the dorsum of the wrist and limited range of motion in all directions due to pain. She has full range of motion in the fingers to flexion and extension without any triggering. There is decreased sensation in her right middle and ring fingers. There is no tenderness in the medial and lateral epicondyles. The examination from 06/03/2014 shows pain on movement of the wrist and extension and flexion with pain worse in full flexion. Also there is tenderness to palpation present over both the extension in the flexor surfaces of the right wrist extending slightly to the ulnar radius. There does not appear to be any gross deformities. Tinel's and Phalen's signs are slightly positive. The documents include: MRI of the right wrist from 08/30/2014, AME from 06/03/2012, an EMG of the right upper extremity from 07/29/2013, and progress reports from 12/11/2013 to 12/01/2014. The utilization review denied the request on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, Electromyography (EMG)

Decision rationale: The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, the ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The EMG of right upper extremity from 07/29/2013 shows slowing of the right ulnar motor nerve conduction velocity in the elbow segment. The remainder of the nerve conduction study is normal. The median mid palmar latency is border-line. The reports from 06/03/2014 and 07/02/2014 show difficulty performing light tasks, decreased grip strength, decreased sensations in the right middle and ring finger and positive Tinel's and Phalen's signs. Given the patient's significant clinical findings, an updated EMG for the right upper extremity is reasonable. The request is medically necessary.

NCS right upper extremity QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Electromyography (EMG)

Decision rationale: The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, the ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The EMG of right upper extremity from 07/29/2013 shows slowing of the right ulnar motor nerve conduction velocity in the elbow segment. The remainder of the nerve conduction study is normal. The median mid palmar latency is border-line. The reports from 06/03/2014 and 07/02/2014 show difficulty performing light tasks, decreased grip strength, decreased sensations in the right middle and ring finger and positive Tinel's and Phalen's signs. Given the patient's significant clinical findings, an updated NCS for the right upper extremity is reasonable. As such the request is medically necessary.

