

Case Number:	CM14-0166379		
Date Assigned:	10/13/2014	Date of Injury:	07/30/2012
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 38 year old female who sustained an industrial injury on 07/30/12. The mechanism of injury was repetitive typing and mouse related activities with resultant hand and wrist problems. She was status post bilateral wrist compartment releases on 11/26/12. She was reevaluated by Hand Surgery in 2014 and was noted to have thumb pain, numbness in her palms and increasing pain in her hands and wrist. The AME report from 09/04/14 was also reviewed. Her complaints were increasing pain in her thumbs with repetitive gripping as well as increasing numbness in her hands and pain on the dorsum of both hands. She was taking Tramadol as needed. Pertinent examination findings included well healed scars just below the elbow bilaterally, tenderness to palpation over the right lateral epicondyle, negative Tinel's sign, healed incision over the distal dorsal ulna from prior surgery, healed incisions over the first extensor compartments just proximal to the wrists, tenderness to palpation over the surgical incisions, full range of motion of the wrist, thumb and fingers bilaterally, good grip strength and normal sensory examination. Her diagnoses included status post TFCC repair right wrist in 2008, status post right radial tunnel release 2010, right lateral epicondylitis and status post release right and left first wrist compartments for bilateral de Quervain's tenosynovitis in 2012. The clinical note from 09/11/14 was also reviewed. Subjective complaints included bilateral hand paresthesias and pain. She was noted to have positive bilateral Phalen's test and positive Tinel's sign over the carpal tunnels with normal motor and sensory examination. There was no muscular atrophy. Diagnoses included bilateral hand and wrist discomfort of uncertain etiology with possible peripheral nerve compression. The request was for electrodiagnostic studies to evaluate for carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: ACOEM guidelines state appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include NCS or in more difficult cases, electromyography may be helpful. The employee had persistent/worsening symptoms after bilateral wrist releases. The last sets of EDS were from 2012. She had developed bilateral hand pain and paresthesias. The request for EMG/NCS of bilateral upper extremities is medically necessary and appropriate.

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: ACOEM guidelines state appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include NCS or in more difficult cases, electromyography may be helpful. The employee had persistent/worsening symptoms after bilateral wrist releases. The last sets of EDS were from 2012. She had developed bilateral hand pain and paresthesias. The request for EMG/NCS of bilateral upper extremities is medically necessary and appropriate.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

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