

Case Number:	CM14-0177661		
Date Assigned:	10/31/2014	Date of Injury:	08/12/2010
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Nephrology 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:

Medical records from 4/8/2014 up to 10/16/2014 were reviewed showing continued tingling and numbness of the bilateral wrists. The patient has difficulty writing. Physical examination showed tenderness of the flexor carpi ulnaris, tender ulnar nerve, and hyperesthesia in the 4th and 5th digits. There was focal tenderness over the pisiform bone. Electrodiagnostic study done on 9/19/2014 showed only residual of previous bilateral median neuropathy. MRI of the wrist taken on 11/26/2014 showed subtle degenerative changes of the scapholunate articulation, mild tendinosis, and location of fluid signal volar to the radioscaphoid articulation (distension of the volar radial recess and/or small ganglion are considered). No fractures noted. Treatment to date has included physical therapy and carpal tunnel release. The utilization review from 10/9/2014 denied the request for Bilateral Electromyography (EMG) and Nerve conduction velocity (NCV) studies and Bone scan, limited to both wrists. Regarding the electrodiagnostic studies, a recent study was done on 9/19/2014 which showed negative results. It does not appear that any additional conservative measures have been performed given that the study was done only 2.5 weeks ago. Regarding the bone scan, there is no documentation of tenderness or pain with ranges of motion to suspect occult stress fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral electromyography (EMG) and nerve conduction velocity (NCV) studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic), (Updated 02/20/2014) Electrodiagnostic Studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Electrodiagnostic Studies.

Decision rationale: According to Official Disability Guidelines, electrodiagnostic studies are recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also it is recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. Studies may be done if the provider suspects ulnar nerve injury at the wrist and wants an electrodiagnostic testing prior to deciding on surgical treatment. In this case, the patient had an electrodiagnostic study done on 9/19/2014 which showed only residual of previous bilateral median neuropathy. There was no additional treatment or manipulation done to warrant another study. In addition, the patient is not scheduled for surgery. There is no clear rationale for a repeat electrodiagnostic study at this time. Therefore the request for bilateral electromyography (EMG) and nerve conduction velocity (NCV) studies is not medically necessary.

Bone scan, limited to both wrists.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Integrated Treatment, Disability Duration Guidelines, Forearm, Wrist and Hand Chapter, (Acute & Chronic) (Updated 08/08/2014) - Fracture or Dislocation of Wrist.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Bone Scan.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. According to ODG, bone scan is recommended for CRPS, neck, low back, knee, leg, ankle, hip, and pelvis only. Bone scan of the wrist was not addressed by ODG. In this case, the patient has focal tenderness over the pisiform bone, continued tingling and numbness of the bilateral wrists, tenderness of the flexor carpi ulnaris, tender ulnar nerve, and hyperesthesia in the 4th and 5th digits. However, MRI of the wrist taken on 11/26/2014 showed no fractures. Therefore the request for bone scan, limited to both wrists is not medically necessary.