MAXIMUS Federal Services

Case Number:	CM14-0027568		
Date Assigned:	06/13/2014	Date of Injury:	02/12/2009
Decision Date:	12/24/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neuromuscular 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 patient is a 41 year old female with a work injury dated 2/12/09.The diagnoses is lesion of ulnar nerve status post left cubital tunnel release on 1/4/13 ; tenosynovitis of hand and wrist. Under consideration is a request for electromyography of the upper extremities and nerve conduction velocity of the upper extremities. There is a 7/30/13 that states that the patient is follow up cubital tunnel release. She is doing well. She has some wrist pain. On physical exam there is tenderness to palpation at flexor ulnar tendons. There is mild swelling. The elbow is with normal range of motion and well healed surgical scar. There is a 1/28/14 progress note that states that on physical exam of the bilateral wrists there is no thenar atrophy, no tenderness along radial styloid, no tenderness along snuff box, tenderness along the FCU tendon, negative triggering of digits, negative Finkelsteins test, positive Phalen's test along ulnar nerve,negative median nerve compression test/ tender at guyons canal, no palmar fibromatosis, no dorsal ganglion, no volar ganglion. The wrist range of motion 70 degrees supination, degrees pronation, full radial, ulnar deviation. The treatment plan states to request authorization for emg/ncs bilateral upper extremities to rule out entrapment of ulnar nerve at Guyon's canal. She has a positive Tinel's sign along the ulnar nerve compression site. Continue full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258,260. Decision based on Non-MTUS Citation ACOEM Guidelines, Carpal Tunnel Syndrome, page 260.

Decision rationale: The MTUS ACOEM guidelines state that symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomaticsubjects would be expected to have carpal tunnel syndrome based on clinical examinationand electrophysiologic testing. The guidelines indicate that specific areas of decreased pinprick sensation may indicate median or ulnar nerve compression; tapping the area of the nerve may produce dysesthesias in its distribution (a positive Tinel's sign). The ACOEM MTUS Guidelines state that routine use of NCV or EMG should not be done routinely in diagnostic evaluation of nerve entrapment/impingement in patients without symptoms. The documentation does not indicate exam findings describing motor or sensory deficits that may be seen in Guyon's canal entrapment or other neuropathy or findings suggestive of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for Electromyography is not medically necessary.

Nerve Conduction Velocity (NCV) of Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 260. Decision based on Non-MTUS Citation ACOEM Guidelines, Carpal Tunnel Syndrome, page 260.

Decision rationale: The MTUS ACOEM guidelines state that symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have carpal tunnel syndrome based on clinical examination and electrophysiologic testing. The guidelines indicate that specific areas of decreased pinprick sensation may indicate median or ulnar nerve compression; tapping the area of the nerve may produce dysesthesias in its distribution (a positive Tinel's sign). The ACOEM MTUS Guidelines state that routine use of NCV or EMG should not be done routinely in diagnostic evaluation of nerve entrapment/impingement in patients without symptoms. The documentation does not indicate exam findings describing motor or sensory deficits that may be seen in Guyon's canal entrapment or other neuropathy or findings suggestive of radiculopathy . Therefore, based on guidelines and a review of the evidence, the request for Nerve Conduction Velocity is not medically necessary.