

Case Number:	CM14-0030845		
Date Assigned:	03/21/2014	Date of Injury:	08/15/2011
Decision Date:	06/10/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 31 year old female who reported an injury on 08/17/11 when she began experiencing right upper extremity pain at the hand, wrist, and shoulder secondary to repetitive type motions involved with data entry and folding paychecks. The clinical note dated 09/28/11 indicates the patient complaining of right wrist and forearm pain with occasional pain in the shoulder. Upon exam, the patient was able to demonstrate full range of motion but with pain. The patient also demonstrated grip strength deficits. Upon exam, the patient was able to demonstrate 165 degrees of right shoulder flexion with 165 degrees of abduction and 85 degrees of external rotation. No range of motion deficits were identified at the wrists at that time. The electrodiagnostic studies completed on 03/05/12 revealed overuse syndrome in the upper extremities. Mild cubital tunnel syndrome was identified across the elbow on the right. The clinical note dated 06/15/12 indicates the patient demonstrating decreased sensation at the hypothenar area and the 5th and ring fingers of the right hand. Tenderness was identified over the ulnar nerve within the ulnar groove. The patient had a positive Tinel's sign at that time. The patient was recommended for modified work activities if available. The qualified medical evaluation completed on 12/21/12 indicates the patient continuing with right upper extremity pain. The note indicates the patient having undergone an injection at the shoulder which did resolve the popping and grinding symptoms. Tenderness was identified medially to the medial flexor mass. The patient continued with a positive Tinel's sign at the ulnar nerve. An exam of the right wrist revealed tenderness at the radial aspect. X-rays of the right shoulder completed on 12/21/12 revealed a small bony prominence at the medial inferior acromion. A small anterior ectopic calcification was identified at the left elbow. No significant findings were revealed at the right elbow. The findings were associated with tenosynovitis at the right wrist and left elbow. The clinical note dated 02/15/13 indicates the patient continuing with grip strength deficits. The

patient also reported an aching and soreness in the base of the left palm. The patient continued with a positive Tinel's sign over the ulnar nerve at the right elbow. The patient was undergoing a home exercise program at that time. The operative note dated 05/29/13 indicates the patient undergoing an arthroscopic subacromial decompression with a partial Mumford. The clinical note dated 06/06/13 indicates the patient doing well postoperatively. The patient was undergoing a home exercise program. The clinical note dated 10/24/13 indicates the patient having undergone additional physical therapy to address the right shoulder. The patient had complaints of decreased sensation in the ring and 5th fingers of the right hand. Tenderness was also identified at the ulnar nerve. The physical therapy progress note dated 11/21/13 indicates the patient continuing with shoulder soreness. The patient had undergone manual and therapeutic exercises. The clinical note dated 11/26/13 indicates the patient doing well in regards to her shoulder. Decreased sensation continued along the ulnar nerve distribution of the right hand to include the ring and 5th fingers. The clinical note dated 02/19/14 indicates the patient continuing with complaints of postoperative pain at the right shoulder. The patient stated that she had been doing well in improvement with her motion. Some popping continued at the superior medial scapular region. The patient continued with numbness at the 5th and ring fingers of the right hand. The patient stated that she was awakening at night with numbness in the right hand. Pain was also exacerbated with extension of the forearm. The note indicates the patient having undergone nerve conduction studies of the right upper extremity which revealed findings consistent with mild cubital tunnel syndrome on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for an EMG of the right upper extremity is not medically necessary. The documentation indicates the patient having complaints of right upper extremity pain, specifically at the wrist and forearm. The patient also has complaints of numbness in the ring and 5th fingers of the right hand. Previous NCV studies confirmed the presence of mild cubital tunnel syndrome. EMG studies are recommended when findings confirmed by clinical exam indicate a possible carpal tunnel syndrome following a 4-6 week period of conservative care. It appears that the patient has completed a full course of conservative therapy; however, it appears the therapy was directed towards postoperative care following the shoulder surgery. It is unclear if the patient has completed any conservative treatments addressing the right wrist and forearm at this time. Given these findings, this request is not indicated as medically necessary.

NCS OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for an NCV of the right upper extremity is not medically necessary. The documentation indicates the patient having complaints of right upper extremity pain, specifically at the wrist and forearm. The patient also has complaints of numbness in the ring and 5th fingers of the right hand. Previous NCV studies confirmed the presence of mild cubital tunnel syndrome. NCV studies are recommended following a 4-6 week period of conservative care. It appears that the patient has completed a full course of conservative therapy; however, it appears the therapy was directed towards postoperative care following the shoulder surgery. It is unclear if the patient has completed any conservative treatments addressing the right wrist and forearm at this time. Given these findings, this request is not indicated as medically necessary.