

Case Number:	CM14-0036672		
Date Assigned:	06/25/2014	Date of Injury:	03/06/2012
Decision Date:	07/23/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation 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 injured worker is a 38-year-old female who reported an injury on 03/06/2012 due to cumulative trauma. On 02/07/2014, it was noted that the injured worker presented with persistent left wrist pain, numbness, and tingling. Upon examination of the left wrist, there was pain with range of motion and a positive Tinel's and Phalen's sign. There was also tenderness to the forearm, a mild decrease in pin appreciation noted in the median nerve distribution. The diagnoses included left upper extremity overuse tendinopathy. Prior treatment included medications. The provider recommended and EMG/NCV studies of the upper extremities bilaterally for possible focal nerve entrapment. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Bilateral Upper Extremities: Upheld

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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography.

Decision rationale: The request for an EMG of the bilateral upper extremities is non-certified. According to the California MTUS/ACOEM Guidelines, electrical studies may be indicated in cases of peripheral nerve impingement if there is no improvement after 4 to 6 weeks of conservative treatment. More specifically, the ODG state NCV studies are recommended for injured workers with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but EMG is recommended only in cases where diagnosis is difficult with NCV studies. The included medical documentation note mild decrease in pinprick sensation, normal deep tendon reflexes to the upper extremities, and evidence of possible nerve impingement with a positive Tinel's and Phalen's tests, and decreased sensation to the median nerve distribution to the upper left extremity; however there were no neurological deficits in the right upper extremity. Despite findings suggestive of carpal tunnel syndrome in the left upper extremity, as the patient has not previously had NCV studies during which the diagnosis was not confirmed, EMG would not be supported. In addition, electrodiagnostic studies are not supported in the right upper extremities without evidence of neurological deficits. Therefore, the request for EMG of the Bilateral Upper Extremities is not medically necessary.

NCV of the Bilateral Upper Extremities: Upheld

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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Nerve Conduction Study.

Decision rationale: The request for an NCV of the bilateral upper extremities is non-certified. According to the California MTUS/ACOEM Guidelines, electrical studies may be indicated in cases of peripheral nerve impingement if there is no improvement after 4 to 6 weeks of conservative treatment. More specifically, the ODG state NCV studies are recommended for injured workers with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The included medical documentation note mild decrease in pinprick sensation, normal deep tendon reflexes to the upper extremities, and evidence of possible nerve impingement with a positive Tinel's and Phalen's tests, and decreased sensation to the median nerve distribution to the upper left extremity; however there were no neurological deficits in the right upper extremity. Electrodiagnostic studies are not supported in the right upper extremities without evidence of neurological deficits. As such, the request for NCV of the Bilateral Upper Extremities is not medically necessary.