

Case Number:	CM14-0038315		
Date Assigned:	06/25/2014	Date of Injury:	03/23/2011
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Management 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 patient is a 45-year-old female with date of injury of 03/23/2011. The listed diagnoses per [REDACTED] are: 1. Carpal tunnel syndrome. 2. Lesion of ulnar nerve. 3. Trigger finger. According to this report, the patient complains of occasional left elbow pain. She is no longer experiencing numbness and tingling in the digits of the left hand. She is complaining of decreased strength in the left hand. She denied any other left hand or upper extremity complaints. She states that she does experienced numbness and tingling in the area of the right dorsal forearm and denies any other right upper extremity symptoms at this point. The objective findings shows there is no change in healed simple scars of the left proximal palm, volar wrist, medial elbow, left hand, wrist. Upper extremity showed no other local changes. There is no swelling, tenderness, and increase in local heat, pain, or crepitation with active range of motion of the left upper extremity joints. The active range of motion of the left elbow is 0 to 150 degrees. Grip strength with Jamar dynamometer on the right is 50-60-47; left 21-21-35. Motor and sensory exam is intact. There is no atrophy either in the upper extremity. Ulnar motor and sensory functions are intact specifically for the patient's left hand and upper extremity. The utilization review denied the request on 03/14/2014.

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 (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck & Upper Back Procedure Summary- electromyography.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg. 262; and the Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic left elbow pain and left upper extremity pain. The provider is requesting an EMG/NCV of the bilateral upper extremities. The ACOEM Guidelines page 262 has the following regarding EMG/NCV for the hand/wrist symptoms: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." In addition, ODG on NCV states, "Not recommended. There is minimal justification of performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." The progress report dated 01/06/2014 notes that the provider is requesting the EMG/NCV studies in order to reasonably assess impairment following carpal tunnel release surgery as well as ulnar nerve release surgery. In this case, the patient reports resolution of numbness and tingling sensation on the operated left side but has some weakness. The patient has similar symptoms on the right side. The patient appears to be doing well and a repeat or updated EMG/NCV studies do not appear indicated. EMG/NCV does not help differentiate impairment and the guidelines do not list determination of impairment as a criteria for obtaining electrodiagnostics. Recommendation is for denial.

NCV of the bilateral upper extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck & Upper Back Procedure Summary- nerve conduction studies.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg. 262; and the Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic left elbow pain and left upper extremity pain. The provider is requesting an EMG/NCV of the bilateral upper extremities. The ACOEM Guidelines page 262 has the following regarding EMG/NCV for the hand/wrist symptoms: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." In addition, ODG on NCV states, "Not recommended. There is minimal justification of performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." The progress report dated 01/06/2014 notes that the provider is requesting the EMG/NCV studies in order to reasonably assess impairment following carpal tunnel release surgery as well as ulnar nerve release surgery. In this case, the patient reports resolution of numbness and tingling sensation on the operated left side but has some weakness. The patient has similar symptoms on the right side. The patient appears to be doing well and a repeat or updated EMG/NCV studies do not appear indicated. EMG/NCV does not help differentiate impairment and the guidelines do not list determination of impairment as a criteria for obtaining electrodiagnostics. Recommendation is for denial.

Semmes-Weinstein monofilament testing- both upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Carpal Tunnel Syndrome Procedure Summary.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG).

Decision rationale: This patient presents with left elbow pain and left upper extremity pain. The provider is requesting Semmes-Weinstein monofilament testing for the bilateral upper extremities. The MTUS Guidelines and ACOEM Guidelines do not address this request; however, ODG Guidelines support this testing for diagnosis of CTS. In this patient, the left hand has improved following surgery but now the patient has symptoms on the right side. Given the support from ODG guidelines, recommendation is medically necessary.