

Case Number:	CM14-0042288		
Date Assigned:	06/30/2014	Date of Injury:	11/03/2012
Decision Date:	11/03/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 45-year who while changing a diaper on a patient, the patient rolled over onto her twisted right hand. She experienced pain in the right hand and reported the injury to her employer. She was treated conservatively at the industrial clinic on regular basis. X-rays were taken the results are not in the record. The patient was referred for a course of physical therapy of the right-hand. The therapy alleviated her right hand symptoms and the injured worker returned back to work performing her regular duties. On November 3, 2012 injured worker sustained a second industrial injury. While assisting a patient showering she slipped and fell. She noted immediate pain in the right shoulder region. At that time, a course of physical therapy and acupuncture were recommended medication was prescribed. The patient was referred to a shoulder specialist and the specialist recommended surgery to the right shoulder. According to the progress notes dated March 5, 2014, the injured worker came in for evaluation with chief complaint of right-hand pain with associated numbness and tingling. There were also reports of weakness, limited range of motion, dropping objects and difficulty with gripping and grasping with the right hand. On exam, the patient had moderate diffuse pain of the radial carpal joint bilaterally, positive Finklestein test bilaterally. Median nerve compression and Phalens test was positive on the right. The clinical impression and diagnosis was right wrist strain and right hand numbness. The treating physician requested an EMG and nerve conduction study for the upper extremities bilaterally. According to the progress notes dated March 5, 2014 the injured worker came in for evaluation with chief complaint of right-hand pain with associated numbness and tingling. There were also reports of weakness, limited range of motion, dropping objects and difficulty with gripping and grasping with the right hand. On exam, the patient had moderate diffuse pain of the radial carpal joint bilaterally, positive Finklestein test bilaterally. Median nerve compression and Phalens test was positive on the right. The clinical impression and

diagnosis was right wrist strain and right hand numbness. The treating physician requested an EMG and nerve conduction study for the upper extremities bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Left Upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 3/10/14), Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Section Electrodiagnostic testing

Decision rationale: California MTUS is silent on the issue of EMG studies. Pursuant to the ACOEM and Online Official Disability Guidelines (ODG), the routine uses of EMGs are not recommended in the diagnostic evaluation of nerve entrapment or screening in patients without symptoms. Furthermore, electrodiagnostic testing should be medically indicated for one or both of the affected extremities. Studies performed for screening purposes are not acceptable. The clinical findings in the injured worker involve the right hand/wrist only. Provocative tests for carpal tunnel syndrome were positive on the right. She was diagnosed with right hand numbness. The treating physician submitted a request for EMG conduction studies of the bilateral upper extremities. The injured worker does have signs and symptoms compatible with carpal tunnel syndrome; however, the symptoms and signs are localized to the right hand only. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines the EMG of the left upper extremity is not medically necessary.

NCV of the Left Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 3/10/14), Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Section Electrodiagnostic testing

Decision rationale: California MTUS is silent on the issue of EMG and nerve conduction studies. Pursuant to the ACOEM and online Official Disability Guidelines (ODG), the routine use of nerve conduction studies are not recommended in the diagnostic evaluation of nerve entrapment or screening in patients without symptoms. In addition, electrodiagnostic testing should be medically indicated for one or both of the affected extremities. Studies performed for screening purposes are not acceptable. The clinical findings in the injured worker involve the right hand/wrist only. Provocative tests for carpal tunnel syndrome were positive on the right.

She was diagnosed with right hand numbness. The treating physician submitted a request for nerve conduction studies of the bilateral upper extremities. The injured worker does have signs and symptoms compatible with carpal tunnel syndrome; however, the symptoms and signs are localized to the right hand only. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines the NCV studies of the left upper extremity is not medically necessary.