

Case Number:	CM14-0046618		
Date Assigned:	07/02/2014	Date of Injury:	12/08/2013
Decision Date:	09/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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:

This is a 27 year-old male who has reported right wrist and hand symptoms after a crush injury on 12/8/13. Initial treatment included a "Colles" splint, medications, and a sling. No neurological deficits were present initially. The splint was continued for at least 3 weeks. On 12/31/13 there were no neurological deficits and no signs of carpal tunnel syndrome. Due to ongoing pain, the injured worker was referred for specialist evaluation. On 1/3/14 a hand specialist noted ongoing pain with hand paresthesias. Tinel's sign was present. An electrodiagnostic test was recommended for possible carpal tunnel syndrome. There is no record that the electrodiagnostic testing was performed. A wrist and MRI on 2/26/14 were normal. On 3/6/14 and 4/15/14 a different treating physician noted ongoing wrist pain, and did not address any neurological signs or symptoms. The treatment plan included chiropractic care, medications, MRI, and a hand specialist referral. On 3/27/14 a second hand surgeon evaluated the injured worker. He noted ongoing right wrist pain and numbness. The physical findings consisted of decreased range of motion. The diagnosis was "R upper extremity overuse syndrome". The treatment plan included EMG/NCV, a wrist brace, medications, and "temporarily totally disabled" work status. On 4/8/14 Utilization Review non-certified electrodiagnostic testing, noting the lack of a sufficient course of conservative care prior to performing testing. A wrist brace was stated to be medically necessary but the Utilization Review letter stated that the brace was not certified. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the right upper extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268, 272.

Decision rationale: The current request for electrodiagnostic testing arises from the report of 3/27/14. That report provides a one sentence history of wrist pain and numbness, with no further details of the symptoms or treatment. There are no neurological signs described. The wrist had a decreased range of motion. The diagnosis of an "overuse" injury is not consistent with the original injury (which was an acute conveyor belt crushing injury). There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms, and therefore no need for electrodiagnostic testing. Assuming that there were to be specific clinical findings suggestive a neurological condition in the affected extremity (like carpal tunnel syndrome), the MTUS recommends a course of conservative care prior to proceeding with testing. The ACOEM Guidelines Pages 268 and 272 recommend NCS after failure of conservative treatment for 4-6 weeks. Possible treatment for CTS includes splinting, injection with steroid, medications, work modifications, and exercises (see pages 264-5). In this case the prescribing physician has not discussed or prescribed such a course of conservative care prior to recommending the NCS and/or EMG. The specific indications for the electrodiagnostic testing were not discussed by the physician, and the diagnosis of an "overuse syndrome" is not an indication for any testing. Based on the current clinical information presented by the prescribing physician, there is not sufficient medical necessity for electrodiagnostic testing, EMG or NCV.

Nerve conduction velocity (NCV) of the right upper extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268, 272.

Decision rationale: The current request for electrodiagnostic testing arises from the report of 3/27/14. That report provides a one sentence history of wrist pain and numbness, with no further details of the symptoms or treatment. There are no neurological signs described. The wrist had a decreased range of motion. The diagnosis of an "overuse" injury is not consistent with the original injury (which was an acute conveyor belt crushing injury). There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical

necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms, and therefore no need for electrodiagnostic testing. Assuming that there were to be specific clinical findings suggestive a neurological condition in the affected extremity (like carpal tunnel syndrome), the MTUS recommends a course of conservative care prior to proceeding with testing. The ACOEM Guidelines Pages 268 and 272 recommend NCS after failure of conservative treatment for 4-6 weeks. Possible treatment for CTS includes splinting, injection with steroid, medications, work modifications, and exercises (see pages 264-5). In this case the prescribing physician has not discussed or prescribed such a course of conservative care prior to recommending the NCS and/or EMG. The specific indications for the electrodiagnostic testing were not discussed by the physician, and the diagnosis of an "overuse syndrome" is not an indication for any testing. Based on the current clinical information presented by the prescribing physician, there is not sufficient medical necessity for electrodiagnostic testing, EMG or NCV.

Right wrist brace: 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): 264, 272.

Decision rationale: The treating physician's report is so brief that medical necessity for a brace is not established. The treating physician has not discussed prior care, which involved bracing for several weeks at least. The MTUS recommends against prolonged splinting. The specific indications in this case are not clear, as there is no specific diagnosis and the treating physician did not discuss why a brace was needed. An "overuse syndrome" does not imply a need for a brace. The wrist brace is not medically necessary based on lack of indications, the MTUS, and lack of sufficient evaluation by the prescribing physician.