

Case Number:	CM14-0052769		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2013
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 20-year-old female who has submitted a claim for rule out left cubital tunnel syndrome, left carpal tunnel syndrome, left wrist sprain/strain, and rule out left wrist internal derangement associated with an industrial injury date of 03/25/2013. Medical records from 11/13/2013 to 04/14/2014 were reviewed and showed that patient complained of bilateral wrist pain graded 8/10, which radiated to the arms, shoulders, and neck. Physical examination of the left wrist revealed swelling and tenderness over the triangular fibrocartilage complex (TFCC). Positive Tinel's and Phalen's tests were noted. Physical examination of the cervical spine revealed full cervical ROM. Spurling's, compression, and distraction tests were all negative. DTRs were within normal limits An MRI of the left wrist dated 12/12/2013 revealed negative ulnar variance. Treatment to date has included rest, immobilization, and oral and transdermal pain medications. Utilization review dated 04/14/2014 denied the request for EMG/NCV of bilateral upper extremities because right upper extremity evaluation was not documented to justify a bilateral study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The California MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, the ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled Nerve Conduction Studies in Polyneuropathy cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of bilateral wrist pain graded 8/10 which radiated to the arms, shoulders, and neck. Physical examination of the left wrist revealed normoreflexia and positive Tinel's and Phalen's tests. Physical examination of the cervical spine revealed negative Spurling's, compression, and distraction tests. NCV of the left upper extremity is a reasonable option since the patient presents with symptoms of neuropathy. However, right upper extremity evaluation was not documented to support the need for bilateral upper extremity NCV. Therefore, the request for Nerve Conduction Velocity (NCV) Bilateral Upper Extremities is not medically necessary.

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the California MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected based on physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of bilateral wrist pain graded 8/10, which radiated to the arms, shoulders, and neck. Physical examination of the left wrist revealed normoreflexia and positive Tinel's and Phalen's tests. Physical examination of the cervical spine revealed negative Spurling's, compression, and distraction tests. However, the clinical manifestations were not consistent with a focal neurologic deficit to support EMG study of the left upper extremity. Moreover, right upper extremity evaluation was not documented to support the need for bilateral

upper extremity EMG study. Therefore, the request for Electromyography (EMG) Bilateral Upper Extremities is not medically necessary.