MAXIMUS Federal Services

Case Number:	CM14-0061712		
Date Assigned:	07/09/2014	Date of Injury:	12/02/2013
Decision Date:	10/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a patient with a date of injury of 12/2/13. A utilization review determination dated 4/23/14 recommends non-certification of EMG/NCV BUE. The 3/11/14 chiropractic report identifies pain in the fingers and thumb 4/10, constant pain in the left index finger 6/10, and numbness of the same finger. On exam, the left index fingernail appears to be growing back without evidence of infection. There is a well-healed laceration near the nail, but the nail bed appears ready to fall off. No neurological abnormalities are noted. The patient is said to present with coldness of the left hand. Recommendation was made for open MRI of the left hand and wrist. 4/15/14 chiropractic report identifies similar symptoms and findings. It references an open MRI demonstrating slight flattening of the median nerve and a recommendation to correlate for suspicion of carpal tunnel syndrome. A diagnosis of carpal tunnel syndrome "per 04/01/2014 MRI" was added. Recommendations included acupuncture, infrared therapy, myofascial release, and an EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: 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 (current online): EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, electrodiagnostic studies (EDS), electromyography (EMG), and nerve conduction studies (NCS) sections

Decision rationale: Regarding the request for EMG, CA MTUS states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpal tunnel syndrome) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. Nerve conduction velocity studies are recommended when activity limitations due to hand/wrist symptoms do not improve after 4-6 weeks and significant dysesthesias are present. Within the documentation available for review, there are no symptoms/findings suggestive of carpal tunnel syndrome. The numbness is isolated to the same finger that was lacerated, and this is not unexpected after this type of trauma. The MRI did note slight flattening of the median nerve, but without clinical correlation and failure of targeted conservative treatment, there is no clear indication for electrodiagnostic testing. In light of the above issues, the currently requested EMG is not medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral upper extremities: 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 (current online): NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, electrodiagnostic studies (EDS), electromyography (EMG), and nerve conduction studies (NCS) sections

Decision rationale: Regarding the request for NCV, CA MTUS states that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. Nerve conduction velocity studies are recommended when activity limitations due to hand/wrist symptoms do not improve after 4-6 weeks and significant dysesthesias are present. Within the documentation available for review, there are no symptoms/findings suggestive of carpal tunnel syndrome. The numbness is isolated to the same finger that was lacerated, and this is not unexpected after this type of trauma. The MRI did note slight flattening of the median nerve, but without clinical correlation and failure of targeted conservative treatment, there is no clear indication for electrodiagnostic testing. In light of the above issues, the currently requested NCV is not medically necessary.