

Case Number:	CM14-0079098		
Date Assigned:	07/23/2014	Date of Injury:	01/26/2010
Decision Date:	10/14/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 and is licensed to practice in Illinois. 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 59-year-old male who reported an injury when he hit the radial side of his wrist against the side of a door on 06/18/2014. An X-ray did not show any fracture. On 05/12/2014, his diagnoses included chest pain, right carpal tunnel syndrome, hypertension, diabetes, coronary artery disease, thyroid disease status post thyroid surgery in 2013, and status post cardiac bypass surgery on 05/05/2011. He was status post carpal tunnel release and De Quervain's release surgery. He had also had arthroscopic surgery for a triangular fibrocartilage complex repair. An EMG report was reviewed which showed a positive right ulnar mononeuropathy. His complaints included right hand and wrist pain with numbness and tingling. The pain was present at all times. Working with the hand made the pain worse and pain medication made it better. He also complained of numbness in his thumb, index finger and middle finger. The rationale was that as this worker continued to have pain despite conservative and surgical management, it was believed that both an EMG and NCV of the bilateral upper extremities was indicated. The NCV study was needed to rule out active denervation or further entrapment. The NCV would help in guiding the next steps. The NCV would also help to isolate the level of nerve irritation. Given his weakness, an EMG was warranted. An EMG would help to distinguish between muscle conditions in which the problem begins in the muscle and muscle weakness due to nerve disorders. The note further stated that "although the patient does not have any findings in the left upper extremity, EMG/NCV of the left upper extremity is required for comparison". There was no request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motor Nerve Conduction Velocity (NCV) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Carpal Tunnel Syndrome (updated 1/20/14), Electrodiagnostic studies (EDS)

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

Decision rationale: The request for motor nerve conduction velocity (NCV) of the left upper extremity is not medically necessary. The California ACOEM Guidelines suggest that nerve conduction velocity study is not recommended for all acute, subacute and chronic wrist, hand and forearm disorders. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening patient's without corresponding symptoms is not recommended. The guidelines do not support the use of this diagnostic procedure. Additionally, the documentation stated that there was no left sided involvement in this worker. Therefore, the request for motor nerve conduction velocity (NCV) of the left upper extremity is not medically necessary.

Sensory Nerve Conduction Velocity (NCV) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Carpal Tunnel Syndrome (updated 1/20/14), Electrodiagnostic studies (EDS)

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

Decision rationale: The request for sensory nerve conduction velocity (NCV) of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines suggest that nerve conduction velocity study is not recommended for all acute, subacute and chronic wrist, hand and forearm disorders. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening patient's without corresponding symptoms is not recommended. The guidelines do not support the use of this diagnostic procedure. Additionally, the documentation stated that there was no left sided involvement in this worker. Therefore, the request for sensory nerve conduction velocity (NCV) of the left upper extremity is not medically necessary.

EMG of the left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Carpal Tunnel Syndrome (updated 1/20/14), Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 272..

Decision rationale: The request for EMG of the left upper extremities is not medically necessary. The California ACOEM Guidelines suggest that nerve conduction velocity study is not recommended for all acute, subacute and chronic wrist, hand and forearm disorders. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening patient's without corresponding symptoms is not recommended. The guidelines do not support the use of this diagnostic procedure. Additionally, the documentation stated that there was no left sided involvement in this worker's upper extremities. Therefore, the request for EMG of the left upper extremities is not medically necessary.