

Case Number:	CM14-0081790		
Date Assigned:	07/28/2014	Date of Injury:	07/03/2010
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 54-year-old female who sustained an injury on July 3, 2010. She is diagnosed with (a) trigger right thumb as a compensable consequence of her more diffuse right upper extremity industrial injury; (b) bilateral neurogenic thoracic outlet syndrome, the right side greater than left side; (c) cervical disc disease C5-6 greater than C4-5; (d) right C6 and C7 radiculopathy; (e) ulnar neuropathy at the elbows and wrists, right side greater than left side; (f) median neuropathy at the right wrist, status post carpal tunnel release; (g) right rotator cuff tear (supraspinatus) and traumatic arthritis of right acromioclavicular joint, status post rotator cuff repair, distal clavicle resection, and acromioplasty of right shoulder; (h) persistent adhesive capsulitis of right shoulder; (i) controlled asthma and bronchitis; (j) gastritis due to nonsteroidal anti-inflammatory drugs; (k) intolerance to Gabapentin, Flexeril, Pamelor, Vicodin, and Flector; (l) anxiety and language barrier complicating her clinical picture; and (m) possible early complex regional pain syndrome, right upper extremity. She was seen on June 12, 2014 for an evaluation. She reported pain at her right thumb but since her stellate ganglion block, she has been able to move her thumb. She also reported that she still has pain and some triggering at the thumb at night when she wakes up and tries to grab her blankets. She also complained that her whole right arm felt numb, heavy, and tired with activity. She states that the numbness sensation gets to the level of her palm. Tiredness was also reported on the left upper extremity. On examination, Semmes-Weinstein monofilament testing was diminished to 2 grams at the index finger, long finger, and thumb on the right side. The pin testing was diminished at the right thumb, first web space, and lateral right forearm. The manual motor testing was grade 4/5 throughout the right upper extremity. The Jamar grip strength measured 5, 6, 4 kg on the right hand with pain on gripping versus 20, 19, 20 kg on the left. The Adson's and Wright's testing caused numbness down the right arm but were negative on the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG).

Decision rationale: The request for electromyography of the right upper extremity is not medically necessary at this time. According to the Official Disability Guidelines, electromyography is approved only in cases where diagnosis is difficult with nerve conduction studies. A review of medical records does not confirm this. Hence, the request for electromyography of the right upper extremity is not medically necessary.

NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction study of the right upper extremity is not medically necessary at this time. As per the Official Disability Guidelines, nerve conduction studies are recommended for those with clinical signs of carpal tunnel syndrome who may be a candidate for surgery. The signs and symptoms of the injured worker are not suggestive enough of carpal tunnel syndrome. Hence, the request for nerve conduction study of the right upper extremity is not medically necessary at this time.

NCS Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction study of the left upper extremity is not medically necessary at this time. As per the Official Disability Guidelines, nerve conduction studies are recommended for those with clinical signs of carpal tunnel syndrome who may be a candidate for surgery. Based on the reviewed medical records, the injured worker is not a candidate for surgery and objective findings of the left upper extremity of the injured worker are not consistent with carpal tunnel syndrome. Hence, the request for nerve conduction study of the left upper extremity is not medically necessary.

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Electromyography (EMG).

Decision rationale: The request for electromyography of the left upper extremity is not medically necessary at this time. According to the Official Disability Guidelines, electromyography is approved only in cases where diagnosis is difficult with nerve conduction studies. A review of medical records does not confirm this. Hence, the request for electromyography of the left upper extremity is not medically necessary.