

Case Number:	CM14-0083356		
Date Assigned:	07/21/2014	Date of Injury:	04/11/2011
Decision Date:	09/29/2014	UR Denial Date:	04/25/2014
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 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:

The patient is a 51-year-old male who was injured on 04/11/2011. The mechanism of injury is unknown. Prior treatment history has included Pamelor, Voltaren, and Benazepril HCL. Progress report dated 04/04/2014 documented the patient to have complaints of low back pain rated as 7/10 and the pain is aggravated by movements and prolonged sitting. Objective findings on exam revealed positive Finkelstein's test in the left hand. On note dated 05/05/2014, the patient is noted to have mild swelling of the wrist. Her range of motion is restricted with palmar-flexion limited to 20 degrees due to pain and dorsiflexion limited to 20 degrees due to pain. There is tenderness to palpation over the palmar wrist. She is diagnosed with pain in limb possibly scapholunate collapse and trigger finger left thumb. She has been recommended for MRI and EMG for possible carpal tunnel syndrome and ulnar neuropathy. Prior utilization review dated 04/25/2014 states the request for EMG (Electromyography) bilateral upper extremities and Nerve Conduction Velocity (NCV) bilateral upper extremities is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pages 268-269. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & Upper Back, Minimum Standards for Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Carpal Tunnel Syndrome, Electromyography.

Decision rationale: According to MTUS guidelines, electrical studies may be indicated in cases of suspected nerve impingement if no improvement or worsening within 4 to 6 weeks. According to ODG guidelines, electromyography is "recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms."This is a request for EMG of the bilateral upper extremities for suspected left carpal tunnel syndrome and left cubital tunnel syndrome for a 51-year-old male injured on 4/11/11 with chronic left hand and wrist pain. There is documentation of left thumb pain along with left hand numbness and burning pain. Phalen's and Tinel's are positive at the left wrist. There are no documented left elbow symptoms or exam findings. Further, there are no right upper extremity symptoms or signs. Also, according to ODG guidelines, electromyography is only indicated when carpal tunnel syndrome diagnosis is difficult with nerve conduction studies. Therefore, this request is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pages 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & Upper Back, Minimum Standards for Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Carpal Tunnel Syndrome, Nerve Conduction Studies.

Decision rationale: According to MTUS guidelines, electrical studies may be indicated in cases of suspected nerve impingement if no improvement or worsening within 4 to 6 weeks. According to ODG guidelines, nerve conduction studies are "not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy."This is a request for NCV of the bilateral upper extremities for suspected left carpal tunnel syndrome and left cubital tunnel syndrome for a 51-year-old male

injured on 4/11/11 with chronic left hand and wrist pain. There is documentation of left thumb pain along with left hand numbness and burning pain. Phalen's and Tinel's are positive at the left wrist. There are no documented left elbow symptoms or exam findings. Further, there are no right upper extremity symptoms or signs. Therefore, this request is not medically necessary.