

Case Number:	CM14-0084153		
Date Assigned:	07/21/2014	Date of Injury:	11/21/2001
Decision Date:	08/29/2014	UR Denial Date:	05/04/2014
Priority:	Standard	Application Received:	06/05/2014

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 Orthopedic Surgery 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 claimant is a 52-year-old, female who sustained a vocational injury on 01/21/01 working as a registered nurse when she was pulling a client up in bed using a draw sheet. The claimant's current working diagnosis includes status post bilateral carpal tunnel releases with ulnar decompression at the wrist, status post cubital tunnel release with submuscular transposition, status post left cubital tunnel release, status post right radial tunnel release, status post ASAD/EDC, bilateral forearm tendinitis, left radial tunnel syndrome, chronic regional pain syndrome. A letter dated 05/22/14 documented that the claimant had complaints of increasing pain and weakness in her hand and denied reinjury. She had been receiving pain management. On exam she had full range of motion of the upper extremities; a Tinel's sign was positive at the left cubital tunnel and negative on the right. Elbow flexion test was positive on the right, negative on the left. Tinel's sign was positive at the left carpal tunnel and negative on the right. Phalen's test was positive on the right, negative on the left. Grip strength was diminished. It was also noted that the claimant was having increasing numbness in her hands and the current request is for upper EMG and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 and on the Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter: Electrodiagnostic studies (EDS).

Decision rationale: California ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend EMG of the upper extremities. The documentation fails to support specific issues associated with peripheral nerve dysfunction. Residuals following carpal tunnel and cubital tunnel as well as radial tunnel releases can be present even in individuals who have done well initially following the release. At this point, it is not clear how EMG studies would direct treatment. In addition, documentation fails to establish that there has been recent failed, attempted, or an exhaustive course of conservative treatment prior to recommending and considering further diagnostic studies. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for the EMG's of the bilateral upper extremities cannot be considered medically necessary.

NCS upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Neck and upper back, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 and on the Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter: Electrodiagnostic studies (EDS).

Decision rationale: In regards to the second request for nerve conduction studies of the bilateral upper extremities, there is lack of specific issues associated with peripheral nerve dysfunction. It is noted that claimants following cubital, carpal tunnel and radial tunnel release can have nerve dysfunction even if they have done well following their surgical intervention. It is not clear how the nerve conduction studies would drive or change the direction or course of treatment. In addition, there is a lack of documented attempted, failed, exhaustive, conservative treatment prior to recommending and considering further diagnostic studies. Furthermore, based on the documented presented for review and in accordance with California ACOEM, and Official Disability Guidelines, the request for the nerve conduction studies cannot be considered medically necessary.