

Case Number:	CM14-0091459		
Date Assigned:	07/25/2014	Date of Injury:	05/02/2011
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 injured worker is a 56 year old female who was injured on 05/02/11. The mechanism of injury is not described. The injured worker is diagnosed with tenosynovitis of the hand and wrist and carpal tunnel syndrome and is status post right carpal tunnel release in 05/13 and status post left open carpal tunnel release on 12/12/13. The injured worker complains of pain and swelling in the left wrist and numbness and tingling in the left thumb, index and middle fingers which persist despite surgery. Clinical note dated 05/22/14 states the injured worker had reported to the emergency department two times during April-May 2014 with severe edema and the inability to bend or straighten the fingers of the left hand. This note indicates all flexor tendons remain painful and edematous with decreased range of motion. Pain is rated at a 7/10. A request for repeat electrodiagnostic studies is submitted and denied by UR dated 06/10/14. Clinical note dated 07/03/14 states the left carpal tunnel release did not improve the injured worker's symptoms and notes the injured worker complains of weakness and a sensation of triggering in the index and long fingers with no actual locking. It is noted the injured worker does not complain of neck pain or injury. The injured worker has reportedly dropped objects due to grip weakness. This is an appeal request for electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odg-twc/carpal_tunnel.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, section on Electrodiagnostic studies (EDS).

Decision rationale: The request for an EMG is not considered as medically necessary. ACOEM does support the use of electrodiagnostic studies to help differentiate between carpal tunnel syndrome and radiculopathy; however, this guideline does not address the use of repeat diagnostic studies. ODG supports the use of repeat studies when there is evidence of progressive neurologic deficit. The records submitted for review indicate carpal tunnel release did not improve the injured worker's symptoms and state the injured worker has demonstrated no changes in symptoms following surgery. There are no physical examinations prior to the carpal tunnel syndrome submitted for review. Evidence of progressive neurological deficit is not revealed. Based on the clinical information provided, the request for EMG is not medically necessary.

Needle EMG w/without (95860), 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome chapter, Electrodiagnostic studies (EDS) section.

Decision rationale: The request for a needle EMG w/without is not considered as medically necessary. Evidence based guidelines support the use of repeat studies when there is evidence of progressive neurologic deficit. Evidence of progressive neurological deficit is not revealed in the records submitted for review. Based on the clinical information provided, the request for needle EMG (electromyography) w/without, 1 is not medically necessary.

Motor & Sensory conduction (95905), 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome chapter, Electrodiagnostic studies (EDS) section.

Decision rationale: The request for Motor & Sensory conduction studies is not considered as medically necessary. Evidence based guidelines support the use of repeat studies when there is

evidence of progressive neurologic deficit. Evidence of progressive neurological deficit is not revealed in the records submitted for review. Based on the clinical information provided, the request for Motor & Sensory conduction, 1 is not medically necessary.

Nerve conduction study, (95907), 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome chapter, Electrodiagnostic studies (EDS) section.

Decision rationale: The request for nerve conduction study is not recommended as medically necessary. Evidence based guidelines support the use of repeat studies when there is evidence of progressive neurologic deficit. Evidence of progressive neurological deficit is not revealed in the records submitted for review. Based on the clinical information provided, the request for nerve conduction study, 1 is not medically necessary.

NCV (Nerve conduction velocity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odg-twc/carpal_tunnel.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic studies (EDS) section.

Decision rationale: The request for NCV is not considered as medically necessary. Evidence based guidelines support the use of repeat studies when there is evidence of progressive neurologic deficit. Evidence of progressive neurological deficit is not revealed in the records submitted for review. Based on the clinical information provided, the request for NCV (nerve conduction velocity) is not medically necessary.