

Case Number:	CM14-0095589		
Date Assigned:	07/25/2014	Date of Injury:	03/21/2013
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on 3/21/2013. The mechanism of injury is not listed. The most recent progress note dated 1/7/2014, indicates that there are ongoing complaints of right arm pain, elbow pain, wrist/hand pain with numbness and tingling. Physical examination of the right upper extremity demonstrated shoulder range of motion: FF 110, extension/adduction 30, abduction 130, IR/ER 60; right elbow range motion: flexion 80, extension 5, supination 60, pronation 50; wrist range of motion: flexion/extension 30, radial deviation 10, ulnar deviation 15; positive Phalen's; and sensation decreased at C7-8. Magnetic resonance imaging (MRI) of the right wrist dated 6/2/2014 demonstrated a triangular fibrocartilage complex (TFCC) tear, pre-styloid ganglion/synovial cyst, pericarpal/radio joint capsulitis/synovitis, pisotriquetral subluxation, and osteoarthritis of the 1st carpometacarpal (CMC) joint. MRI of the right shoulder dated 6/2/2014 demonstrated rotator cuff tendinosis, partial biceps tendon tear, labral tear, subacromial subdeltoid bursitis, acromioclavicular joint hypertrophic changes, and glenohumeral joint osteoarthritis (motion artifact noted). Previous treatment includes wrist splints (requested, unclear if obtained) and medications to include Terocin, Anaprox, Gabapentin, and compounded topical medications. A request was made for EMG (electromyography) and NCV (nerve conduction velocity study) bilateral upper extremity and was not certified in the utilization review on 6/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. A MRI of the right wrist documents a triangular fibrocartilage complex (TFCC) tear, ganglion/synovial cyst, pisotriquetral subluxation and carpometacarpal (CMC) joint osteoarthritis; however, there was no objective data (i.e. tenderness to palpation) documented, or documentation of failure to conservative treatment to include splinting. Lastly, the request is for bilateral upper extremity studies and the claimant only has right-sided symptoms. As such, this request is not considered medically necessary.

Nerve conduction velocity (NCV) test of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM practice guidelines support nerve conduction velocity studies (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. A MRI of the right wrist documents a triangular fibrocartilage complex (TFCC) tear, ganglion/synovial cyst, pisotriquetral subluxation and carpometacarpal (CMC) joint osteoarthritis; however, there was no objective data (i.e. tenderness to palpation) documented, or documentation of failure to conservative treatment to include splinting. Lastly, the request is for bilateral upper extremity studies and the claimant only has right-sided symptoms. As such, this request is not considered medically necessary.