

Case Number:	CM13-0001865		
Date Assigned:	12/11/2014	Date of Injury:	06/04/2010
Decision Date:	01/15/2015	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/17/2013

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 patient is a 34-year old female with CT date of injury of 6/4/10 to 6/12. The treating physician report dated 1/30/13 (Pg. 16) indicates the patient presents with left forearm, wrist, and hand pain as well as right elbow pain. The treating physician report dated 6/3/13 (Pg. 38) notes the physical examination findings reveal the patient presents with numbness and tingling of the 4th and 5th digits of the left hand. On bilateral wrist examination, there was positive Tinel's sign on the left wrist. Flex tendon was tender. Positive medial nerve sensation was noted bilaterally. Right elbow examination revealed tender ulnar groove, positive Tinel's sign and decreased right ulnar nerve distribution. The patient also reported that her right hand was improved. Prior treatment history includes right carpal tunnel release surgery on 12/6/12. There is no record mentioned of imaging test completed. The current diagnoses are: - Right Carpal Tunnel Syndrome- Left Carpal Tunnel Syndrome- Right Elbow Cubital Tunnel Syndrome The utilization review report dated 7/5/13 denied the request for EMG left upper extremity, EMG right upper extremity, NCV right upper extremity, NCV left upper extremity based upon MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

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, Electrodiagnostic Studies (EDS)

Decision rationale: The patient presents with numbness and tingling of the 4th and 5th digits of the left hand. On bilateral wrist examination, there was positive Tinel's sign on the left wrist. Flex tendon was tender. Positive medial nerve sensation was noted bilaterally. Right elbow examination revealed tender ulnar groove, positive Tinel's sign and decreased right ulnar nerve distribution. The patient also reported that her right hand was improved. The current request is for EMG left upper extremity. The recent treating physician reports that are provided are hand written and fairly illegible. The MTUS guidelines do not address EMG/NCV testing. ODG recommends EDS testing in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. In this case the medical records provided fail to justify why EMG testing is necessary. There is no documentation of objective signs of neither radiculopathy nor subjective complaints that are radicular in nature or follow a dermatomal pattern. There is additionally no documentation of failure to respond to 4 weeks of recent conservative care. Therefore EMG left upper extremity is not medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

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, Electrodiagnostic Studies (EDS)

Decision rationale: The patient presents with numbness and tingling of the 4th and 5th digits of the left hand. On bilateral wrist examination, there was positive Tinel's sign on the left wrist. Flex tendon was tender. Positive medial nerve sensation was noted bilaterally. Right elbow examination revealed tender ulnar groove, positive Tinel's sign and decreased right ulnar nerve distribution. The patient also reported that her right hand was improved. The current request is for EMG left upper extremity. The recent treating physician reports that are provided are hand written and fairly illegible. The MTUS guidelines do not address EMG/NCV testing. ODG recommends EMG testing in complex cases to differentiate axonopathy from demyelination. The physician is testing for ulnar neuropathy and EMG will help with localization of the neurologic lesion. Therefore EMG right upper extremity is medically necessary.

NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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, Electrodiagnostic Studies (EDS)

Decision rationale: The patient presents with numbness and tingling of the 4th and 5th digits of the left hand. On bilateral wrist examination, there was positive Tinel's sign on the left wrist. Flex tendon was tender. Positive medial nerve sensation was noted bilaterally. Right elbow examination revealed tender ulnar groove, positive Tinel's sign and decreased right ulnar nerve distribution. The patient also reported that her right hand was improved. The current request is for NCV right upper extremity. The recent treating physician reports that are provided are hand written and fairly illegible. The MTUS guidelines do not address EMG/NCV testing. ODG recommends EDS testing in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV). ACOEM recommends NCV for median or ulnar impingement at the wrist after failure of conservative treatment. Recommendation for NCV is also offered if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. In this case, we find documentation of failure to respond to conservative care consisting of therapy, home exercises and night splinting. Therefore NCV right upper extremity is medically necessary.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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, Electrodiagnostic Studies (EDS)

Decision rationale: The patient presents with numbness and tingling of the 4th and 5th digits of the left hand. On bilateral wrist examination, there was positive Tinel's sign on the left wrist. Flex tendon was tender. Positive medial nerve sensation was noted bilaterally. Right elbow examination revealed tender ulnar groove, positive Tinel's sign and decreased right ulnar nerve distribution. The patient also reported that her right hand was improved. The current request is for NCV left upper extremity. The recent treating physician reports that are provided are hand written and fairly illegible. The MTUS guidelines do not address EMG/NCV testing. ODG recommends EDS testing in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV). ACOEM recommends NCV for median or ulnar impingement at the wrist after failure of conservative treatment. Recommendation for NCV is also offered if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. In this case we find documentation of failure to respond to conservative care. Therefore NCV left upper extremity is medically necessary.