

Case Number:	CM14-0156207		
Date Assigned:	09/25/2014	Date of Injury:	07/25/2012
Decision Date:	01/26/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Tennessee. 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 48-year-old female who reported injury on 06/01/2007. The mechanism of injury was reported to be cumulative trauma. Her diagnoses included right wrist extensor tenosynovitis, right ulnar neuritis, and epicondylitis. The past treatments included physical therapy, activity restriction, bracing, therapeutic compound creams, and acupuncture. Diagnostic testing in 10/2012 was noted to show mild slowing of the ulnar nerve at the right elbow. MRI of the right elbow was noted to show medial epicondylitis. Further electrodiagnostic testing, dated 09/09/2014 was noted to show mild slowing across the left carpal tunnel. However, the injured worker was adamant that testing was only performed on her right upper extremity. The complete official report was not included. The surgical history was not included. The progress note, dated 10/29/2014, noted the injured worker was reported to have continued symptoms of right carpal tunnel syndrome in spite of conservative measures. The physical exam noted a positive Tinel's to percussion over the median nerve of the unspecified wrist, and 2 point discrimination of greater than 1 cm to the unspecified thumb, index, and long finger, and a positive flick sign. Her current medications were not listed. The treatment plan recommended a carpal tunnel release. The Request for Authorization Forms was submitted for review on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Wrist: 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, Forearm, Wrist, & Hand; MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for MRI of the right wrist is not medically necessary. The California MTUS/ACOEM Guidelines state if symptoms have not resolved in 4 to 6 weeks, and a patient has joint effusion, serologic studies for Lyme disease, and autoimmune diseases may be indicated. Imaging studies of the wrist to clarify a diagnosis may be warranted if the medical history and physical examination suggest a specific disorder. The guidelines further note MRIs are not more effective than history and physical examinations, lab studies, or radiographs for identifying or defining pathologies of the wrist. There is a lack of evidence to indicate dysfunction or a specific disorder of the right wrist. There was no physical exam provided of the right wrist. Given the lack of indication of a condition of the wrist which would require clarification with an MRI, the need for an MRI of the right wrist is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Electromyography (EMG) of the Bilateral Upper Extremities: 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, Forearm, Wrist, & Hand; Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Electromyography (EMG)

Decision rationale: The request for EMG of the bilateral upper extremities is not medically necessary. The injured worker was noted to have undergone nerve testing on 09/09/2014. The accuracy of the report was in question as the patient denied having been tested on her left arm. The complete official results were not provided for review; the partial report noted measurements to the right and left upper extremities, and clarification of the exam with the provider who performed the testing was not provided. The California MTUS/ACOEM Guidelines recommend electrodiagnostic studies of the upper extremities if the medical history and physical examination suggests a specific disorder, and symptoms persist in spite of conservative care. The Official Disability Guidelines further state, electromyography is recommended to the upper extremities only in cases where diagnosis is difficult with nerve conduction studies. Seldom is it required that both studies be accomplished in a straight forward condition of median or ulnar neuropathy. There was a lack of documentation of subjective or objective signs and symptoms of a neurological deficit in the bilateral upper extremities. There is no evidence of a significant change in condition since the previous nerve conduction study. There is a lack of indication for the use of an EMG of the upper extremities. Given the above, EMG of the bilateral upper extremities is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremities: 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, Nerve conduction velocities (NCV)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Nerve conduction studies (NCS)

Decision rationale: The request for NCV of bilateral upper extremities is not medically necessary. The injured worker was noted to have undergone nerve testing on 09/09/2014. The accuracy of the report was in question as the patient denied having been tested on her left arm. The complete official results were not provided for review; the partial report noted measurements to the right and left upper extremities, and clarification of the exam with the provider who performed the testing was not provided. The California MTUS/ACOEM Guidelines recommend electrodiagnostic studies of the upper extremities if the medical history and physical examination suggests a specific disorder, and symptoms persist in spite of conservative care. The Official Disability Guidelines further indicate nerve conduction studies are recommended for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. There is a lack of documentation of a condition of the bilateral upper extremities that would require clarification with a nerve conduction velocity study. There was a lack of documentation of subjective or objective signs and symptoms related to the bilateral upper extremities. The injured worker had an EMG/NCV performed on 09/09/2014. There is a lack of evidence of a significant change in condition to warrant a repeat EMG/NCV. Given the above, a repeat NCV of the bilateral upper extremities is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.