

Case Number:	CM14-0189367		
Date Assigned:	11/17/2014	Date of Injury:	03/24/2008
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine and is licensed to practice in Indiana. 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:

This is a 58 year old female who sustained a work related injury on 3/24/2008. Per the Primary Treating Physician's Progress Report dated 10/27/2014, the date of injury is documented as 10/09/1993. The injured worker reported bilateral moderate hand and wrist pain. Physical Examination revealed 2+ localized tenderness over the anatomic snuffbox on the right (1st dorsal compartment), and 3+ localized tenderness at the base of the left thumb. There was a positive Finkelstein test of the right wrist. Diagnoses included DeQuervain's tenosynovitis, wrist sprain/strain, Carpal Tunnel Syndrome, Trigger Finger, and pain in joint, hand. A Cortisone injection was administered. The plan of care included continuation of pain medications and continuation of activity modifications. On 10/28/2014, Utilization Review non-certified prescriptions for an EMG/NCV of the right upper extremity and Comprehensive Molecular Diagnostic Testing based on lack of documentation of medical necessity. Comprehensive Molecular Diagnostics in Autosomal Dominant Polycystic Kidney Disease, Sandro Rossetti; Mark B. Consugar; Arlene B. Chapman; Vicente E. Torres; Lisa M. Guay-Woodford; Jared J. Grantham; William M Bennett; Catherine M. Meyers; Denise L. Walker; Kyongtae Bae; Qin (Jean) Zhang; Paul A. Thompson; J. Philip Miller; Peter C. Harris and the CRISP consortium was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Molecular Diagnostic Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment in Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Molecular Diagnostics in Autosomal Dominant Polycystic Kidney Disease, Sandro Rossetti; Mark B. Consugar; Arlene B. Chapman; Vicente E. Torres; Lisa M. Guay-Woodford; Jared J. Grantham; William M Bennett; Catherine M. Meyers; Denise L. Walker; Kyongtae Bae; Qin (Jean) Zhang; Paul A. Thompson; J. Philip Miller; Peter C. Harris and the CRISP consortium was cited

Decision rationale: MTUS and ODG are silent on this topic. The medical documentation provides no discussion or rationale for the requested molecular diagnostic testing. There is no detail on which specific test the provider is waiting for the employee. The above cited reference talks about the testing and states that it is experimental in nature, and only for a small set of diagnoses. The employee does not have any of those diagnoses. Therefore the request for comprehensive molecular testing is not medically necessary.

EMG/NCV RUE: 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): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carpal Tunnel Syndrome, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The diagnosis of Carpal Tunnel Syndrome is well established in this patient and the EMG would not be indicated to reconfirm this diagnosis. ODG further states regarding carpal tunnel syndrome testing (EMG/NCV), "Recommended 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. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical records do not indicate that the requested test is to be used in conjunction with surgery. As such, the request for EMG/NCV of the right upper extremities is not medically necessary.