

Case Number:	CM14-0193441		
Date Assigned:	12/01/2014	Date of Injury:	08/30/2011
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of August 30, 2011. A utilization review determination dated October 21, 2014 recommends modified certification of nerve conduction velocity testing. Non-certification of EMG and somatosensory evoked potentials was recommended due to lack of subjective complaints and objective findings of ulnar neuropathy or nerve root compromise in the cervical spine. An MRI dated August 7, 2013 shows a focal area of increased signal intensity within the proximal portion of the proximal phalanx of the 4th finger which could represent a benign cystic lesion. Follow-up with radiography is recommended. A right wrist MRI performed on August 7, 2013 shows fluid within the ulnocarpal and radiocarpal joints surrounding the triangular fibrocartilage complex. No triangular fibrocartilage complex tear is seen. The carpal tunnel is normal. An orthopedic consultation dated September 11, 2014 identifies subjective complaints of pain at the base of the right thumb, numbness of the right thumb, limited range of motion of the right thumb, occasional pain in the right wrist, weakness of the right hand, and difficulty gripping and grasping with the right hand. Physical examination findings identify positive Finkelstein test on the right, tenderness to palpation around the MCP joints, decreased strength with the right hand intrinsic muscles, positive Phalen sign, positive Tinels, and positive median nerve compression test. Diagnoses include right median neuropathy: carpal tunnel, right thumb stenosis, De Quervain's tenosynovitis, right basal joint arthritis, and right finger tendinitis. The treatment plan recommends thumb x-ray and EMG/NCV bilateral upper extremities including SSEP for ulnar and median nerves. The note goes on to state that the patient has tried medication and therapy without resolution of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV bilateral upper extremities without EMG or SSEP: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Procedure EMG/NCS

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

Decision rationale: Regarding the request for NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the requesting physician has identified that the patient has physical examination findings including weakness in multiple upper extremity muscles and findings suggestive of carpal tunnel syndrome. Proceeding with electrodiagnostic studies may help determine what future treatment options may be available. As such, the currently requested NCS of bilateral upper extremities is medically necessary.