

Case Number:	CM14-0194584		
Date Assigned:	12/02/2014	Date of Injury:	08/06/2008
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Interventional Spine, 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 66 year old male with an injury date of 08/06/08. Based on the 06/02/14 progress report provided by treating physician, the patient complains of right hand, wrist and shoulder pain. Physical examination revealed surgical scar noted to the right wrist and right elbow. Tightness and spasm at the right trapezius muscle upon palpation. Ranges of motion of both the right shoulder and right wrist were slightly-to-moderately restricted in all directions. The right wrist demonstrated mild swelling and diffuse tenderness upon palpation. Sensation to fine touch and pinprick was decreased in first and second digits of the right hand. Current medications provide greater than 80% relief. Treater is requesting EMG/NCV study of the upper extremity "due to worsening of numbness/weakness of right hand (due to cervical radiculopathy versus carpal tunnel syndrome. If carpal tunnel syndrome is getting worse, the patient is willing to undergo surgery.)" Per progress report dated 09/08/14, EMG study of the upper extremities was done and noted to be abnormal. Diagnosis 06/02/14- adhesive capsulitis, right shoulder- status post surgical release of right carpal tunnel syndrome and right ulnar nerve, 08/23/11- depression and insomnia- mild right C5 radiculopathy (non-industrial), per progress report dated 09/08/14. The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 06/25/14 - 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of upper extremity right hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with right hand, wrist and shoulder pain. The request is for EMG/NCV OF UPPER EXTREMITY RIGHT HAND. Patient is status post-surgical release of right carpal tunnel syndrome and right ulnar nerve, 08/23/11. Patient's diagnosis on 09/08/14 included mild right C5 radiculopathy. Physical examination on 06/02/14 revealed surgical scar noted to the right wrist and right elbow. Tightness and spasm at the right trapezius muscle upon palpation. Ranges of motion of both the right shoulder and right wrist were slightly-to-moderately restricted in all directions. The right wrist demonstrated mild swelling and diffuse tenderness upon palpation. Sensation to fine touch and pinprick was decreased in first and second digits of the right hand. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 06/02/14, treater is requesting EMG/NCV study of the upper extremity "due to worsening of numbness/weakness of right hand (due to cervical radiculopathy versus carpal tunnel syndrome. If carpal tunnel syndrome is getting worse, the patient is willing to undergo surgery)." Based on patient's diagnosis, electrodiagnostic studies would be indicated by guideline. However, per progress report dated 09/08/14, EMG study of the upper extremities was done and noted to be abnormal. It appears procedure was done prior to authorization. The EMG/NCV studies performed on 9/8/14 WAS medically necessary.