MAXIMUS Federal Services

Case Number:	CM14-0207547		
Date Assigned:	12/19/2014	Date of Injury:	10/30/2012
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 59-year-old, right handed female who sustained a work related injury on 10/30/12. Medical records indicate the patient underwent left thumb carpometacarpal joint with trapeziectomy, arthroplasty, intermetacarpal ligament reconstruction with half of the flexor carpi radialis tendon, bone graft to the base of the first metacarpal from the excised trapezium bone, thumb spica splint application, and left carpal release on 4/10/14. The patient has underwent post-operative physical therapy, medications, cast, heat and ice pad, and transitioned into home exercise program. Current medications include Gabapentin and Tylenol. The 11/20/14 (21) attending physician report states she has been off work per [redacted] the past two weeks with no improvement in her symptoms. She continues to complain of difficulty with heavy lifting. Repeated EDX done by [redacted] showed mild to moderate left CTS, and recommended RUE EDX for comparison. Still complains of left wrist/hand pain at 7/10. She also complains of left wrist pain traveling up traveling up to left forearm, arm and top of shoulder. Additionally, she complains of entire left hand numbness intermittently daytime, but more frequently at night time. Physical exam notes diffuse tenderness left upper arm, medial epicondyle and forearm. The left wrist is limited in all plane. There is diffuse tenderness and swelling in the fingers of the left hand. Cervical spine range of motion is full and non tender. Deep tendon reflex testing was 2+ and symmetric. The current diagnoses are:1. Left carpal tunnel syndrome2. Osteoarthritis of left first carpometacarpal jointThe utilization review report dated 12 /2/14 denied the request for EMG/NCS of the bilateral upper extremities based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome and Pain

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 chapter.

Decision rationale: The patient complains of left wrist/hand pain traveling up to left forearm, arm and top of shoulder. Additionally, she complains of intermittent left hand numbness. The current request is for EMG/NCS of the bilateral upper extremities. The attending physician report dated 11/20/14 reads "repeat LUE NCS: showed mild to moderate left Carpal Tunnel Syndrome and recommended RUE EDX for comparison. Request made." Records indicate the patient underwent carpal tunnel release on 4/10/14. The ODG states that NCS studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. CTS must be proved by positive findings on clinical exam. There is minimal justification when a person is presumed to have symptoms on the basis of radiculopathy. The ODG recommends EMG only in cases where diagnosis is difficult with NCS. There are situations where both EMG and NCS need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it necessary that both studies be accomplished in straight forward conditions of median or ulnar neuropathies. In this case, the diagnosis has been confirmed. There does seem to be a straight forward diagnosis of median neuropathy. There is no differential diagnosis of cervical radiculopathy. The patient underwent carpal tunnel release on 4/10/14. A follow up EDX has again confirmed the diagnosis and demonstrates mild to moderate left carpal tunnel syndrome. There is no discussion in the request as to why another EDX is being recommended or how it might change the treatment plan. There has been no discussion of another surgery. The medical records fail to support the request for both NCS and EMG studies. As such the recommendation is for not medically necessary.