

Case Number:	CM14-0023919		
Date Assigned:	06/11/2014	Date of Injury:	08/17/2011
Decision Date:	01/19/2015	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 56-year-old female with a date of injury of 08/07/2011. The medical file provided for review includes 2 progress reports dated 11/04/2013 and 12/26/2013. According to progress report 11/04/2013, the patient is status post left shoulder arthroscopic surgery and complains of pain in the right wrist and hand. Examination of the right wrist revealed decreased range of motion and positive Finkelstein's test. Treatment plan was for a right wrist de Quervain's first dorsal compartment release. Progress report 12/26/2013 indicates the patient continues with right wrist and hand pain, and is awaiting right wrist/hand surgery. She has difficulty with gripping and grasping with the right hand as this increases her pain and symptoms. The initial EMG/NCS studies done back in early 2013 were negative. The patient has had de Quervain's release surgery of the left hand with some residual pain noted. Examination findings noted right wrist reveals decreased range of motion with positive Finkelstein's test consistent with de Quervain's tenosynovitis. The listed diagnoses are: 1. Cervical spine sprain/strain. 2. Status post left shoulder arthroscopic surgery and manipulation under anesthesia. 3. Right shoulder sprain/strain. 4. Status post left wrist de Quervain's release with improvement in symptoms. 5. Right wrist de Quervain's tenosynovitis. 6. Symptoms of anxiety and depression. The request is for de Quervain's release for the right wrist, an updated EMG/NCV to establish presence of radiculitis/neuropathy and an MRI of the bilateral wrists to establish any ligament tears, damage of tendons and muscles. The utilization review denied the requests on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182 table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, EMG studies

Decision rationale: This patient presents with continued right wrist pain. The current request is for EMG of the bilateral lower extremity. For EMG of the lower extremity, the ACOEM guidelines, page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." In this case, there are two progress reports provided for review and include no examination of the lower extremities and no discussion regarding any concerns that may require diagnostic testing. This request is not medically necessary.

EMG of the bilateral upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back complaints and Forearm, Wrist and Hand Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, EMG studies

Decision rationale: This patient presents with continued right wrist pain. The current request is for EMG of the bilateral lower extremity. For EMG of the lower extremity, the ACOEM guidelines, page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, "EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." In this case, there are two progress reports provided for review and include no examination of the lower extremities and no discussion regarding any concerns that may require diagnostic testing. This request is not medically necessary.

NCV of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Nerve conduction studies (NCS)

Decision rationale: This patient presents with continued right wrist pain. The current request is for NCV of the bilateral lower extremity. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In this case, there are two progress reports provided for review and include no examination of the lower extremities and no discussion regarding any concerns that may require diagnostic testing. This request is not medically necessary.

NCV of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back complaints and Forearm, Wrist and Hand Complaints

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter: Nerve conduction studies (NCS)

Decision rationale: This patient presents with continued right wrist pain. The current request is for NCV of the bilateral upper extremity. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "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." As documented in report dated 12/26/13, the patient has an EMG/NCV of the upper extremities in early 2013 which were negative. The ODG guidelines for electrodiagnostic studies states, "The number of tests performed should be the minimum needed to establish an accurate diagnosis." In this case, the treating physician is recommending surgical intervention and would like an updated NCV to establish presence of radiculitis/neuropathy. The requested NCV of the bilaterally upper extremities is medically necessary.

MRI of the bilateral wrists: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, MRI

Decision rationale: This patient presents with continued right wrist pain. The treating physician has recommended a right wrist de Quervain's release. The current request is for a MRI of the bilateral wrists. ODG guidelines under its wrist chapter have the following regarding MRI of wrist: indications include suspicion of soft-tumor suspicion, Kienbock's disease in addition to scaphoid/gamekeeper/ligament disruption are required. The treating physician states that a MRI of the wrist is required "to establish any ligament tears, damage of tendons and muscles." There is concern of ligament injury and ODG states that MRI of the wrist for gamekeeper injury is supported. The requested MRI of the wrist is medically necessary.