

Case Number:	CM14-0025737		
Date Assigned:	03/19/2014	Date of Injury:	11/15/2013
Decision Date:	03/02/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 54-year-old female who sustained a work related injury November 15, 2013. According to a primary treating physician's report dated December 26, 2013, the injured worker presented with the same complaint of bilateral wrist and right elbow pain which is intermittent, moderate to severe and exacerbated by repetitive hand use and lessened by rest. There is numbness and/or tingling of the affected extremity-right hand and wrist pain that radiates to the right elbow and increases with motion. On physical examination, there is no deformity of the right wrist, it is tender to palpation and the extensor surface is tender without crepitus. There are no right upper extremity abnormalities noted; hand, fingers, forearm, upper arm and shoulder. There is full range of motion of the right wrist with dorsiflexion to 70 degrees, volar flexion to 80 degrees, radial deviation to 25 degrees, ulnar deviation to 35 degrees and pronation/supination to 90 degrees. There is 5/5 muscle strength of the right wrist in dorsiflexion and volar flexion without tenderness over the left or right anatomical snuffbox. Sensation is intact to light touch and pinprick in all dermatomes in the left and right upper extremities for the wrist. The Phalen test is negative on the left and positive on the right for median nerve compression. Tinel's sign is negative left and right. Finkelstein test is positive for left stenosing tenosynovitis and negative on the right. Diagnoses are documented as sprain/strain wrist/hand unspecified both; sprain/strain hand right; pain wrist both and pain in elbow. Treatment plan included continue medications, continue physical therapy and an order for EMG/NCV to rule out bilateral carpal tunnel syndrome. Work status is documented as return to work with restrictions; limited use of right hand, limited lift/push/pull 1 to 10 pounds, wear wrist brace. No typing or

writing greater than 4 hours per day. According to utilization review performed February 11, 2014, the request for EMG/NCV Bilateral Upper Extremities has been partially certified to authorize NCV only, to the bilateral upper extremities. Citing MTUS Forearm, Wrist and Hand complaints, ACOEM Guidelines recommends NCV for median or ulnar impingement at the wrist after failure of conservative treatment and does not recommend NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. It is further noted that both studies are seldom required to accomplish a straightforward condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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; EDS studies

Decision rationale: Both the California MTUS Guidelines and Official Disability Guidelines do not recommend the use of EMG studies unless there are complicating factors such as a suspected superimposed cervical radiculopathy. The requesting physician does not reasonably establish any complicating factors to justify an exception to Guidelines that would support EMG studies in addition to the NCV studies. There request for electrodiagnostic studies that includes an EMG component for the right and left upper extremities is not consistent with Guidelines and is not medically necessary.

EMG of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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; EDS studies

Decision rationale: Both the California MTUS Guidelines and Official Disability Guidelines do not recommend the use of EMG studies unless there are complicating factors such as a suspected superimposed cervical radiculopathy. The requesting physician does not reasonably establish any complicating factors to justify an exception to Guidelines that would support EMG studies in addition to the NCV studies. There request for electrodiagnostic studies that includes an EMG component for the right and left upper extremities is not consistent with Guidelines and is not medically necessary.

