

Case Number:	CM15-0100651		
Date Assigned:	06/03/2015	Date of Injury:	04/09/2015
Decision Date:	09/04/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

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 30 year old female sustained an industrial injury on 4-09-15. She subsequently reported right hand and wrist pain. Diagnoses include carpal tunnel syndrome right and strain and sprain of wrist and hand. Treatments to date include x-rays and prescription medications. The injured worker continues to experience pain from right ring finger to palm right hand with radiating pains to right forearm and pain, numbness and weakness to palm right hand, fingers, forearm. Upon examination, the flexor surface of the right wrist is tender to palpation. A request for EMG/NCV right upper ext was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper ext: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back (acute and chronic) Chapter under EMG.

Decision rationale: The patient was injured on 04/09/15 and the patient presents with pain, weakness, and numbness in the flexor right wrist/hand/fingers. The request is for an EMG/NCV of the right upper extremity to rule out CTS. The utilization review determination rationale is that "there are no red-flag indicators of serious injury that would warrant authorization of EDS prior to completion of comprehensive conservative treatment for a possible compression neuropathy." The RFA is dated 04/29/15 and the patient is to return with restrictions as of 04/29/15. Work restrictions included limited use of the right hand, limited gripping/grasping, patient must wear smart glove on the right hand/wrist, and patient must take a stretch break for 5 minutes after every 45 minutes from key board and repetitive motion. 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." ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary." The patient has a positive Phalen test for the right median nerve compression, a positive Tinel sign for the right median nerve compression, and a positive carpal compression test on the right for median nerve compression. She is diagnosed with carpal tunnel syndrome right and sprain/strain wrist/hand upsec right. Treatments to date include x-rays and prescription medications. The request is for an EMG/NCV of the right upper extremity to rule out CTS. Given that the patient has pain, weakness, and numbness in the flexor right wrist/hand/fingers, has positive exam findings, and is diagnosed with carpal tunnel syndrome, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV for the right upper extremity is medically necessary.