

Case Number:	CM15-0106617		
Date Assigned:	06/11/2015	Date of Injury:	10/23/2007
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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:

The injured worker is a 66-year-old female, with a reported date of injury of 10/23/2007. The diagnoses include status post left carpal tunnel release with ulnar nerve decompression at the wrist, status post left index and long trigger finger releases, and left wrist and forearm strain/sprain. Treatments to date have included electro diagnostic studies, left carpal tunnel release with ulnar nerve decompression at the wrist and index and long trigger finger releases, an MRI Arthrogram of the left wrist on 08/22/2011, and oral medications. The progress report dated 05/11/2015 indicates that the injured worker complained of pain, frequent numbness and weakness in the left hand. The objective findings include positive Tinel's sign at the left cubital tunnel, negative elbow flexion tests, positive Tinel's sign and Phalen's test at the left carpal tunnel, mild volar forearm tenderness on the left, mild tenderness over the left carpal tunnel scar, no triggering, and slightly diminished sensation in the median nerve distribution in the left hand. The treatment plan indicates that the injured worker continued with persistent pain and numbness in the left wrist and hand. It was also indicated that it had been three years since her most recent electrodiagnostic studies. The treating physician felt that the injured worker would benefit from a repeat electromyography and nerve conduction study to rule out any significant ongoing nerve compression. The treating physician requested one left upper extremity EMG (electromyography) and Nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left upper extremity electromyograph (EMG) and nerve conduction studies: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Electromyography (EMG), and Nerve conduction studies (NCS).

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

Decision rationale: The patient presents with pain, numbness and weakness in the left hand. The request is for Left Upper Extremity Electromyograph (Emg) And Nerve Conduction Studies. Patient is status post left carpal tunnel release surgery 09/11/09. Physical examination to the left hand on 05/11/15 revealed tenderness to palpation to the left carpal tunnel scar. Tinel and Phalen tests were positive at the left carpal tunnel and negative on the right. Sensation was slightly diminished in the median nerve distribution in the left hand. EMG/NCV studies of the upper extremities on 07/07/11 showed generalized prolonged distal latencies all motor and sensory nerves and superimposed carpal tunnel syndrome. Patient's diagnosis, per 06/08/15 progress report include status post left carpal tunnel release with ulnar nerve decompression at the wrist, status post left index and long trigger finger releases, and left wrist and forearm strain/sprain. Patient is permanent and stationary. For EMG/NCV, ACOEM guidelines page 262 states, appropriate electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. 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. In progress report dated 05/11/15, treater states that it has been three years since her most recent electro diagnostic studies and that repeat EMG and nerve conduction studies would be beneficial to rule out any significant ongoing nerve compression. Patient continues with persistent pain and numbness in the left wrist and hand. ACOEM supports electro diagnostic studies to evaluate upper extremity symptoms and repeat tests when symptoms persist. The request appears to be reasonable and within guideline recommendations. Therefore, it is medically necessary.