

Case Number:	CM15-0016926		
Date Assigned:	02/05/2015	Date of Injury:	08/29/2012
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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 65 year old female sustained an industrial injury on 8/29/12, via repetitive trauma with subsequent ongoing pain to bilateral knees, bilateral wrists, bilateral hands and right elbow. Current diagnoses included status post left knee arthroscopy with partial medial meniscectomy, internal derangement, rule out right medial meniscus tear, right patellofemoral syndrome, right elbow medial epicondylitis and rule out carpal tunnel syndrome, bilateral hands. In a PR-2 dated 12/8/14, the injured worker complained of mild residual left knee pain, right knee pain with swelling and catching and persistent pain to both hands with occasional paresthesias. Physical exam was remarkable for right elbow mild tenderness to palpation with full range of motion and no instability and bilateral hands and wrists with full range of motion, positive Phalen's test and slight decreased sensation to light touch in the median nerve distribution bilaterally. Tinel's test and carpal tunnel compression test were negative. The treatment plan included electrodiagnostic studies to evaluate for carpal tunnel syndrome of right and left hands. On 1/6/15, Utilization Review noncertified a request for right and left hand EMG and NCV citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hand EMG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with persistent pain to both hands with occasional paresthesias. The request is for RIGHT HAND EMG. The RFA provided is dated 12/29/14. Physical examination to the hands revealed a positive Phalen's test and slight decreased sensation to light touch in the median nerve distribution, bilaterally. Patient's diagnosis included right elbow medial epicondylitis and rule out carpal tunnel syndrome, bilateral hands. Patient is currently working modified duty with restrictions. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is no reference to prior EMG and the patient continues with pain to both hands with occasional paresthesias. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG studies would appear reasonable. Therefore, the request IS medically necessary.

Left hand EMG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with persistent pain to both hands with occasional paresthesias. The request is for LEFT HAND EMG. The RFA provided is dated 12/29/14. Physical examination to the hands revealed a positive Phalen's test and slight decreased sensation to light touch in the median nerve distribution, bilaterally. Patient's diagnosis included right elbow medial epicondylitis and rule out carpal tunnel syndrome, bilateral hands. Patient is currently working modified duty with restrictions. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, there is no reference to prior EMG and the patient continues with pain to both hands with occasional paresthesias. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG studies would appear reasonable. Therefore, the request IS medically necessary.

Right hand NCV: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Wrist/hand chapter, EMG & NCS studies.

Decision rationale: The patient presents with persistent pain to both hands with occasional paresthesias. The request is for RIGHT HAND NCV. The RFA provided is dated 12/29/14. Physical examination to the hands revealed a positive Phalen's test and slight decreased sensation to light touch in the median nerve distribution, bilaterally. Patient's diagnosis included right elbow medial epicondylitis and rule out carpal tunnel syndrome, bilateral hands. Patient is currently working modified duty with restrictions. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies "EDS may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities." NCV, and possibly the addition of electromyography. "EMG. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that tests may be repeated later in the course of treatment if symptoms persist." In this case, there is no reference to prior NCV and the patient continues with pain to both hands with occasional paresthesias. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, NCV studies would appear reasonable. Therefore, the request IS medically necessary.

Left hand NCV: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Wrist/hand chapter, EMG & NCS studies.

Decision rationale: The patient presents with persistent pain to both hands with occasional paresthesias. The request is for LEFT HAND NCV. The RFA provided is dated 12/29/14. Physical examination to the hands revealed a positive Phalen's test and slight decreased sensation to light touch in the median nerve distribution, bilaterally. Patient's diagnosis included right elbow medial epicondylitis and rule out carpal tunnel syndrome, bilateral hands. Patient is currently working modified duty with restrictions. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies "EDS may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities." NCV and possibly the addition of electromyography "EMG. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm

symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch1 1 page 262 states that tests may be repeated later in the course of treatment if symptoms persist." In this case, there is no reference to prior NCV and the patient continues with pain to both hands with occasional paresthesias. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, NCV studies would appear reasonable. Therefore, the request IS medically necessary.