

Case Number:	CM15-0166269		
Date Assigned:	09/03/2015	Date of Injury:	12/28/2012
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old female, who sustained an industrial injury on December 28, 2012. The injured worker reported a fall landing on her hands and body. The injured worker was diagnosed as having right cubital and carpal tunnel syndrome with release and bilateral wrist tendinitis. Treatment to date has included electromyogram, surgery, therapy and medication. A progress note dated May 28, 2015 provides the injured worker complains of neck, back, right wrist and left hand pain. She reports the right thumb radiates to the elbow. She also reports use of a splint helps. Upper extremity physical exam notes well healed surgical scars on the right. There is slight decrease in grip strength of the left versus the right. Range of motion (ROM) is within normal limits, Tinel's and Phalen's are negative, No evidence of epicondylitis, Finkelstein's are negative and there is tenderness to palpation of the thumb at the carpometacarpal joint. Previous electromyogram and nerve conduction study was positive with follow-up electromyogram nerve conduction study on June 24, 2014 being negative. The request is for electromyogram and nerve conduction study retrospectively (6-22-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the Bilateral upper extremities (DOS 6/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic) and Other Medical Treatment Guidelines Electrodiagnostic studies (EDS) AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in December 2012 and is being treated for bilateral upper extremity pain. She underwent a right carpal tunnel release and ulnar nerve transposition in December 2013. Electrodiagnostic testing was done prior to surgery on 06/24/13 showing mild carpal tunnel syndrome and mild right cubital tunnel syndrome. Repeat testing after surgery on 04/24/14 was negative for nerve entrapment. There were chronic findings consistent with the claimant's history of congenital Erb's palsy. When seen, she was having neck and low back pain, right forearm and wrist pain, and left dorsal hand pain. There was right thumb pain radiating to the elbow. Physical examination findings included a BMI of nearly 58. There was decreased cervical spine range of motion with tenderness. There was decreased lumbar spine range of motion. There was slightly decreased left grip strength. Tinel and Phalen tests were negative. There was bilateral first CMC tenderness. Left forearm supination was limited. Bilateral upper extremity electrodiagnostic testing is being requested. Indications for repeat electrodiagnostic testing include the following: (1) The development of a new set of symptoms. (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive. (3) When there is a rapidly evolving disease where initial testing may not show any abnormality. (e.g., Guillain-Barr syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis. (5) When there is an unexpected course or change in course of a disease; (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing after her right upper extremity surgery. There are no reported findings that suggest ongoing or new nerve compression and none of the above indications is present. Repeat testing is not medically necessary.