

Case Number:	CM15-0166892		
Date Assigned:	09/04/2015	Date of Injury:	10/05/2005
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
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: 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 63-year-old female, who sustained an industrial injury on 10-5-05. She reported pain in the shoulders, hands, and wrists. The injured worker was diagnosed as having bilateral wrist possible recurrent carpal tunnel syndrome. Treatment to date has included carpal tunnel release x2, Cortisone injections, physical therapy, bilateral wrist splints, and medication. Currently, the injured worker complains of bilateral shoulder pain, bilateral wrist pain, and bilateral hand pain. The treating physician requested authorization for bilateral upper extremity electromyography and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremity Electromyography/Nerve Conduction Study: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The current request is for Bilateral Upper Extremity Electromyography / Nerve Conduction Study. The RFA is dated 08/13/15. Treatment to date has included carpal tunnel release x2 (2009, 2012), Cortisone injections, physical therapy, bilateral wrist splints, and medication. MTUS/ACOEM guidelines, Chapter 8 Page 178 under neck chapter states, "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including 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. The assessment may include sensory, evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Per report 08/07/15, the patient underwent carpal tunnel release surgery twice, and overall remains symptomatic experiencing pain in the bilateral shoulder, bilateral hands/wrist and elbows and neck. Examination revealed decreased ROM, positive Tinel's bilaterally, and tingling and numbness in her fingers. The patient was diagnosed with bilateral wrist, possible recurrent carpal tunnel syndrome. Request was made for an EMG/NCV of the UE as the patient presents with worsening of symptoms over the last few months despite conservative treatments. The treater states that the EMG/NCV is "to evaluate for possible peripheral nerve compression versus other pathology." There is no indication that such testing has been done following the patient's 2012 CTR. The treater has some concerns that the patient may have recurrent carpal tunnel syndrome, due to persistent worsening of pain, numbness and tingling. EMG/NCV now may help with accurate diagnosis and appropriate treatment. Therefore, the request IS medically necessary.