

Case Number:	CM15-0180875		
Date Assigned:	09/22/2015	Date of Injury:	02/28/2012
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 58-year-old female, who sustained an industrial injury on 2-28-12. She reported right forearm pain. The injured worker was diagnosed as having pain in joint of forearm, pain in joint of the hand, and tenosynovitis of the hand and wrist. Treatment to date has included wrist and shoulder injections, acupuncture for the shoulder, cognitive behavioral therapy, and medication. On 8-3-15, the treating physician noted, "a steroid injection provided almost 3 weeks of pain relief where the pain level was 2 of 10 or below." Physical examination findings on 8-3-15 included right shoulder restricted movement, a positive Hawkins test, a positive Neer's test, and a positive shoulder crossover test. Phalen's and Tinel's signs were positive for the right wrist. Allodynia was noted over the entire right hand with tenderness to palpation over the proximal interphalangeal joint of the thumb and distal interphalangeal joint of the thumb. The right upper extremity was positive for abnormal temperature and hyperalgesia. Light touch was decreased over the medial forearm and lateral forearm on the left side. Currently, the injured worker complains of right upper extremity pain rated as 5 of 10. On 8-17-15, the treating physician requested authorization for electromyography and nerve conduction velocity of the right upper extremity. On 8-24-15, the requests were non-certified; the utilization review physician noted, "The medical records provided to this reviewer do not document failure of conservative management."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity, QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Electrodiagnostic studies.

Decision rationale: The 7/30/2015 progress note states this worker "requires electro diagnostic studies for her right upper extremity in order to determine the origin of her symptoms of radiculopathy." She is complaining of pain, spasming and locking in her right hand that is getting progressively worse. She is dropping objects. The objective exam documents weakness throughout the right upper extremity. Sensory decrease was also documented. Phalen's and Tinel's test at the right wrist were both positive. According to the ODG: "If the purpose of EDX is to confirm a diagnosis such as CTS, then only the NCT is usually required, because most patients, especially in workers' comp, present soon after the onset of their symptoms. Therefore, the nerve entrapment has not been presented long enough to result in changes to the muscles, and the NCT will show early conduction delays, but the EMG will be normal. At this point, EMG has little value, adds significant costs, and most patients prefer not to be stuck with needles multiple times. However, if the patient has demonstrated muscle loss, has an injury with long-term symptoms, or the clinical examination is unclear, then the EMG is appropriate. As far as what conditions are appropriate for EDX, they include any musculoskeletal condition or diagnosis that involves nerve or muscle dysfunction. A common list would include upper extremity (carpal tunnel syndrome, cubital tunnel syndrome, pronator teres syndrome, radial nerve wrist and elbow, & ulnar nerve wrist); polyneuropathies (diabetic polyneuropathy, acute demyelinating polyneuropathy (Guillain-Barre syndrome), chronic inflammatory demyelinating polyneuropathy, and toxic, metabolic, drug-induced polyneuropathy); spine (cervical radiculopathies, lumbosacral radiculopathies, and spinal stenosis); lower extremity (tarsal tunnel syndrome, tibial nerve, peroneal nerve, sural nerve); and generalized disorders (disorders of neuromuscular transmission, e.g., myasthenia gravis, myopathies, and motor neuron disease. i.e., ALS). (Melhorn, 2013)" In this case, the worker has long standing symptoms since 2012. Although some of her symptoms and exam finding do point to CTS as the cause, other neurological symptoms and exam findings would not be explained by a diagnosis of CTS. Given the long duration of symptoms and complex symptoms and exam findings, EMG in addition to NCS is appropriate. This request is medically necessary.

NCV of the right upper extremity, QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Electrodiagnostic studies.

Decision rationale: The 7/30/2015 progress note states this worker "requires electro diagnostic studies for her right upper extremity in order to determine the origin of her symptoms of radiculopathy." She is complaining of pain, spasming and locking in her right hand that is getting progressively worse. She is dropping objects. The objective exam documents weakness throughout the right upper extremity. Sensory decrease was also documented. Phalen's and Tinel's test at the right wrist were both positive. According to the ODG: electro diagnostic studies are "recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. (Bienek, 2006) Electro diagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG)." The ODG also states, "As far as what conditions are appropriate for EDX, they include any musculoskeletal condition or diagnosis that involves nerve or muscle dysfunction. A common list would include upper extremity (carpal tunnel syndrome, cubital tunnel syndrome, pronator teres syndrome, radial nerve wrist and elbow, & ulnar nerve wrist); polyneuropathies (diabetic polyneuropathy, acute demyelinating polyneuropathy (Guillain-Barre syndrome), chronic inflammatory demyelinating polyneuropathy, and toxic, metabolic, drug-induced polyneuropathy); spine (cervical radiculopathies, lumbosacral radiculopathies, and spinal stenosis); lower extremity (tarsal tunnel syndrome, tibial nerve, peroneal nerve, sural nerve); and generalized disorders (disorders of neuromuscular transmission, e.g., myasthenia gravis, myopathies, and motor neuron disease. i.e., ALS). (Melhorn, 2013)" This worker has signs and symptoms suggestive of CTS but additional neurological signs and symptoms that would not be explained by CTS alone. A nerve conduction study to determine diagnosis, prognosis and to direct further treatment is appropriate. This request is medically necessary.