

Case Number:	CM15-0181897		
Date Assigned:	09/23/2015	Date of Injury:	03/01/2015
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This is a 35-year-old female with a date of injury of March 1, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right ring trigger digit and possible mild right carpal tunnel syndrome. Medical records dated June 16, 2015, indicate that the injured worker complains of right ring finger still triggering when making a fist. A progress note dated July 15, 2015, notes subjective complaints of constant pain in the right hands that radiates to the right elbow, occasional numbness and tingling in the bilateral hands, and triggering in the right ring finger. Per the treating physician (July 16, 2015), the employee was not working due to summer break from the school district. The physical exam dated June 16, 2015, reveals triggering of the right ring finger and mild pain with direct pressure on the triggering point. The progress note dated July 15, 2015, documented a physical examination that showed full range of motion of the hand and elbow, sensation intact, motor function intact, reflexes intact, negative provocative testing, positive trigger digit of the right ring finger, and decreased grip strength of the right. Treatment has included at least twelve sessions of physical therapy, wrist bracing, medications (Motrin since at least April of 2015 and omeprazole noted on July 15, 2015), and a cortisone injection to the right ring trigger finger with no relief. On August 20, 2015, Utilization Review non-certified the request for outpatient electromyography (EMG) and nerve conduction studies (NCS) of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient electromyography (EMG) and nerve conduction studies (NCS) of bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic), Electromyography (EMG) ODG Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines Aetna, Nerve Conduction Studies http://www.aetna.com/cpb/medical/data/500_599/0502.html.

Decision rationale: Per the cited CA MTUS, electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms, lasting more than three or four weeks. They further state that EMG may be recommended to clarify nerve root dysfunction preoperatively or before epidural injection; however, it is not recommended for nerve root diagnosis when history, exam, and imaging studies are consistent. They further state appropriate Electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. NCV for medial or ulnar impingement at the wrist after failure of conservative management may be recommended, but routine use is not recommended in injured workers without symptoms. The ODG further clarifies by recommending EMG as an option for cervical radiculopathy in selected cases; however, NCS is not recommended to demonstrate cervical radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. Aetna guidelines add that NCS are recommended for localization of focal neuropathies or compressive lesions (e.g., carpal tunnel syndrome, tarsal tunnel syndrome, nerve root compression, neuritis, motor neuropathy, mononeuropathy, radiculopathy, plexopathy); and injured worker has had a needle (EMG) study to evaluate the condition either concurrently or within the past year. Concerning this injured worker, she has a history of right ring trigger digit that was to undergo release on September 8, 2015. In addition, there was concern of possible right carpal tunnel syndrome with injured worker complaints of constant pain in the right hand, radiating to the elbow, and occasional complaints of numbness and tingling in the bilateral hands. The treating provider notes from August 20, 2015, stated she had normal sensation, motor function, and reflexes of the bilateral upper extremities; she also had negative provocative testing. Based on the available medical records, documentation is insufficient concerning focal neurologic deficits, particularly when considering the request for bilateral testing. Therefore, the request for outpatient electromyography (EMG) and nerve conduction studies (NCS) of bilateral upper extremities is not medically necessary and appropriate.