

Case Number:	CM15-0187901		
Date Assigned:	09/29/2015	Date of Injury:	03/03/2011
Decision Date:	12/15/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 32 year old female, who sustained an industrial injury on 3-3-11. The injured worker was diagnosed as having repetitive stress injury bilateral upper extremities right more than left; carpal tunnel syndrome-right; ulnar impaction syndrome-right; trigger thumb-right; ulnar variance left; insulin-dependent diabetes mellitus. Treatment to date has included status post trigger thumb release-removal of plate and screws right ulna (5-7-14); physical therapy; medications. Diagnostics studies included EMG-NCV study right upper extremity (10-15-14). Currently, the PR-2 notes dated 2-11-15 indicated the injured worker presented in the office for a re-evaluation. The provider documents "Left wrist ulnar positive variance with large TFCC tear consistent with ulnocarpal impaction syndrome. We are holding off on scheduling surgery until the right side is doing better. I will see her in follow-up in 6-8 weeks." A PR-2 note dated 12-4-14 indicates the injured worker was in the office for a re-evaluation. She complained of increasing pain since the weather changed. She has pain in the forearm, no significant numbness. On the Objective Findings: there is full range of motion of the hand, wrist and elbow with full composite grip. (To this point, the note does not identify which extremity is described.) The provider documents "Status post right trigger thumb release and removal of hardware from the right ulna on 5-7-14. Status post right cubital tunnel release, endoscopic carpal tunnel release and right ulnar shortening osteotomy on 2-4-13." The treatment plan indicates, "I am not sure exactly what is causing all of her problems. She said she had electrodiagnostic studies done for a QME apparently. I would like to review those. I will see her in follow-up in 6-8- weeks." An EMG-NCV study of the right upper extremity was completed on 10-14-15 for a QME per report

with impression: abnormal study with moderate demyelinating neuropathy across right wrist; mild to moderate demyelinating ulnar neuropathy across right elbow (cubital tunnel syndrome). The injured worker is an insulin-dependent diabetic. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 9-4-15 and non-certification for Electromyography/Nerve conduction velocity studies of the right upper extremity. A request for authorization has been received for Electromyography/Nerve conduction velocity studies of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve conduction velocity studies of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV studies.

Decision rationale: Pursuant to the Official Disability Guidelines, Electromyography/Nerve conduction velocity studies of the right upper extremity are not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging 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. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are left wrist ulnar variance with large TFCC tear consistent with ulnocarpal impaction syndrome; new onset left thumb flexor tenosynovitis and tenosynovitis write long and index. Date of injury is March 3, 2011. Request for authorization is August 28, 2015. The injured worker underwent right trigger thumb release May 7, 2014 with removal of hardware right ulna. An unofficial EMG/NCV of the right upper extremity was performed October 2014. The electrodiagnostic studies showed a moderate demyelinating median neuropathy across the right wrist (carpal tunnel syndrome), and a mild to moderate demyelinating ulnar neuropathy across the right elbow (cubital, syndrome). According to an April 14, 2015 progress note, subjective complaints include the development of triggering in the right long and index finger. There is no treatment to date. The injured worker is interested in having a revision of the prior ulnar nerve surgery. There has been no request for this surgery. There is no anticipated surgery documented

in the medical record. There has been no approval for this surgery. Moreover, the treating provider indicates electrodiagnostic testing has not been done. Electrodiagnostic testing was performed according to an October 15, 2014 report. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating prior electrodiagnostic testing has been performed, and no compelling clinical facts indicating electrodiagnostic-testing needs to be repeated, Electromyography/Nerve conduction velocity studies of the right upper extremity is not medically necessary.