

Case Number:	CM15-0189104		
Date Assigned:	10/01/2015	Date of Injury:	12/06/2012
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 67 year old female, who sustained an industrial injury on 12-6-12. The injured worker is being treated for left wrist pain and paresthesias, rule out carpal tunnel syndrome and bilateral thumb carpometacarpal osteoarthritis. X-rays of bilateral hands revealed no fracture. Treatment to date has included right carpal tunnel release which improved right wrist numbness and activity modifications. On 7-17-15, the injured worker complains of pain in neck, shoulder and down to hand without numbness. She does report numbness on left side of hand that is not consistent and at times it is painful up to her forearm and elbow. She is currently not working. On 7-17-15 physical exam revealed a healed carpal tunnel incision, left wrist positive Tinel, Phalen's tests, tenderness at the thumb and carpometacarpal joint in both hands with positive grind test bilaterally. Full range of motion is noted bilaterally with slight tenderness on extremes. The treatment plan included request for up to date (NCV) Nerve Condition Velocity studies and night splinting. On 9-15-15 a request for (NCV) Nerve Condition Velocity studies was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV left 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, Forearm, Wrist and Hand: Electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Pain: Diagnostic Studies.

Decision rationale: Nerve conduction velocity (NCV) study Left Upper Extremity is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis or neuropathy and there was no confirmation with the MRI. There is no indication for NCV left upper extremity; therefore, the request is not medically necessary.

EMG left 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, Forearm, Wrist and Hand: Electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Pain: Diagnostic Studies.

Decision rationale: Electromyography (EMG) Left Upper Extremity is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Electromyography (EMG), NCS including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The physical exam was not indicative of a radiculitis or neuropathy and there was no confirmation with the MRI. There is no indication for an EMG of the left upper extremity; therefore the request is not medically necessary.

