

Case Number:	CM15-0194714		
Date Assigned:	10/08/2015	Date of Injury:	03/26/2001
Decision Date:	12/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

This is a 77 year old female with a date of injury of March 26, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome. Medical records dated May 26, 2015 indicate that the injured worker complained of weakness and pain in the left wrist. A progress note dated August 31, 2015 documented complaints of pain and swelling of the left wrist. The physical exam dated May 26, 2015 reveals muscle atrophy of the left wrist across the dorsal surface, decreased grip strength, distal radial tenderness, and decreased range of motion of the wrist in all planes. The progress note dated August 31, 2015 documented a physical examination that showed deformity at the left radio-carpal joint, decreased range of motion of the left wrist, decreased grip strength on the left, and positive Tinel's and Phalen's on the left. Treatment has included wrist bracing and medications (Lidopro ointment twice daily, Norflex 100mg twice daily, and Tylenol #3 30-300mg noted in May of 2015). The original utilization review (September 22, 2015) non-certified a request for electromyogram-nerve conduction velocity studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special 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, EMG.

Decision rationale: The physical exam dated May 26, 2015 reveals muscle atrophy of the left wrist across the dorsal surface, decreased grip strength, distal radial tenderness, and decreased range of motion of the wrist in all planes. The progress note dated August 31, 2015 documented a physical examination that showed deformity at the left radio-carpal joint, decreased range of motion of the left wrist, decreased grip strength on the left, and positive Tinel's and Phalen's on the left. The medical records report findings of weakness across more than one dermatome. ODG supports that NCV/EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records reflect findings that may be due to involvement of more than one root level or a combination of peripheral and root level pathology, ODG supports the use of EMG. Therefore this request is medically necessary.

Electromyography (EMG) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special 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, EMG.

Decision rationale: The physical exam dated May 26, 2015 reveals muscle atrophy of the left wrist across the dorsal surface, decreased grip strength, distal radial tenderness, and decreased range of motion of the wrist in all planes. The progress note dated August 31, 2015 documented a physical examination that showed deformity at the left radio-carpal joint, decreased range of motion of the left wrist, decreased grip strength on the left, and positive Tinel's and Phalen's on the left. The medical records report findings of weakness across more than one dermatome. ODG supports that NCV/EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records reflect findings that may be due to involvement of more than one root level or a combination of peripheral and root level pathology, ODG supports the use of EMG. Therefore this request is medically necessary.

Nerve conduction velocity (NCV) of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special 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, NCV.

Decision rationale: The physical exam dated May 26, 2015 reveals muscle atrophy of the left wrist across the dorsal surface, decreased grip strength, distal radial tenderness, and decreased range of motion of the wrist in all planes. The progress note dated August 31, 2015 documented a physical examination that showed deformity at the left radio-carpal joint, decreased range of motion of the left wrist, decreased grip strength on the left, and positive Tinel's and Phalen's on the left. The medical records report findings of weakness across more than one dermatome. ODG supports that NCV/EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records reflect findings that may be due to involvement of more than one root level or a combination of peripheral and root level pathology, ODG supports the use of NCV. Therefore this request is medically necessary.

Nerve conduction velocity (NCV) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special 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, NCV.

Decision rationale: The physical exam dated May 26, 2015 reveals muscle atrophy of the left wrist across the dorsal surface, decreased grip strength, distal radial tenderness, and decreased range of motion of the wrist in all planes. The progress note dated August 31, 2015 documented a physical examination that showed deformity at the left radio-carpal joint, decreased range of motion of the left wrist, decreased grip strength on the left, and positive Tinel's and Phalen's on the left. The medical records report findings of weakness across more than one dermatome. ODG supports that NCV/EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records reflect findings that may be due to involvement of more than one root level or a combination of peripheral and root level pathology, ODG supports the use of NCV. Therefore this request is medically necessary.