MAXIMUS Federal Services

Case Number:	CM15-0203395		
Date Assigned:	10/20/2015	Date of Injury:	10/30/2014
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 10-30-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for myofascial pain to left thumb column. Treatment and diagnostics to date has included nerve block injection, physical therapy, and medications. Recent medications have included Lidoderm patches, Prilosec, and Cymbalta.Subjective data (06-05-2015 and 08-26-2015), included left thumb pain that radiates into the left hand, forearm, and elbow. Objective findings (08-26-2015) included tenderness to very light touch along the left wrist. The treating physician noted that the injured worker underwent prior "x-rays, MRI studies, and nerve conducting studies". The request for authorization dated 09-11-2015 requested MRI of left wrist and left hand, EMG-NCS (electromyography-nerve conduction velocity studies) of bilateral upper extremities, and ultrasounds of left wrist and left hand. The Utilization Review with a decision date of 09-17-2015 modified the request for EMG-NCS of bilateral upper extremities to EMG-NCS to left upper extremity only and non-certified the request for ultrasounds of the left wrist and left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left wrist and left hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Ultrasound (diagnostic); Carpal Tunnel Syndrome Chapter, Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand chapter, under Ultrasound.

Decision rationale: The current request is for ULTRASOUND OF THE LEFT WRIST AND LEFT HAND. Treatment and diagnostics to date has included nerve block injection, physical therapy, and medications. The patient is currently temporarily totally disabled. ODG guidelines, under Forearm, Wrist, & Hand chapter, regarding Ultrasound (diagnostic), states that Recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized. Per report 08/26/15, the patient complains of left thumb pain that radiates into the left hand, forearm, and elbow. Objective findings included tenderness to very light touch along the left wrist, including the dorsum of the forearm, the base of the 2nd and 4th metacarpals dorsally, the left 1st CMC joint, MP and IP joins, as well as the fingertips. There is full range of motion, no swelling or atrophy, and all other findings were negative. The patient had an x-ray done in the office which revealed normal results. The treater states "I do not see evidence of chronic regional pain syndrome at this time. She has generalized myofascial pain syndrome, this is the only thing that could explain her physical findings." The treater further states "Nonetheless, there may be something else going on," and requested an MRI and ultrasound of the left wrist/hand and electrodiagnostic testing for the bilateral upper extremities. ODG guidelines states that ultrasound procedure is not recommended for therapeutic purposes but it can help detect tendon injuries accurately. The patient's mechanism of injury was not discussed. The patient suffers from continued left hand and thumb pain, and the persistent pain could be an indication of a tendon injury or ulnar nerve problem. An ultrasound for further evaluation is in accordance with ODG. This request IS medically necessary.

EMG/NCS of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under EMG.

Decision rationale: The current request is for EMG/NCS OF THE RIGHT UPPER EXTREMITY. Treatment and diagnostics to date has included nerve block injection, physical therapy, and medications. The patient is currently temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." ODG Guidelines,

Neck and Upper Back (acute and chronic) Chapter under EMG states recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. Per report 08/26/15, the patient complains of left thumb pain that radiates into the left hand, forearm, and elbow. Objective findings included tenderness to very light touch along the left wrist, including the dorsum of the forearm, the base of the 2nd and 4th metacarpals dorsally, the left 1st CMC joint, MP and IP joins, as well as the fingertips. There is full range of motion, no swelling or atrophy, and all other findings were negative. The patient had an x-ray done in the office which revealed normal results. The treater states "I do not see evidence of chronic regional pain syndrome at this time. She has generalized myofascial pain syndrome, this is the only thing that could explain her physical findings." The treater further states "Nonetheless, there may be something else going on," and requested an MRI and ultrasound of the left wrist/hand and electrodiagnostic testing for the bilateral upper extremities. The Utilization Review modified the approval for the EMG/NCV for the left upper extremity only. In this case, there are no subjective complaints or objective findings on the right. The UR has already authorized EMG/NCV for the left; therefore, the request for further testing on the right IS NOT medically necessary.