MAXIMUS Federal Services

Case Number:	CM15-0207825		
Date Assigned:	10/26/2015	Date of Injury:	03/15/2015
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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 43-year-old female who sustained an industrial injury on 3-15-2015 and has been treated for right wrist strain with extensor tenosynovitis as well as low back pain. She is also noted to have had a right wrist fracture. Diagnostic x-ray is cited as showing "no post sequel of the injury other than residual inflammation with tenosynovitis." On 9-24-2015, the injured worker reported an increase in pain in the right wrist. 8-17-2015 she described the pain as persistent with numbness, tingling, and shocking sensations originating in the volar wrist. Objective findings include right volar wrist tenderness with positive Tinel's, Durkin, and Phalen tests, with mild swelling over the right dorsal hand. There was also noted tenderness over the right cubital tunnel. The physician noted that sensation to light touch was mildly attenuated in the right ring finger. Treatment so far has involved work restrictions, 6 sessions of physical therapy, and use of a wrist splint. The physician states Naproxen has been requested but not approved and Tramadol is noted to have been prescribed 5-7-2015. In spite of treatment, the physician states that symptoms are worsening. The treating physician's plan of care includes bilateral upper extremity electrodiagnostic studies, but on 10-7-2015, this was modified to electrodiagnostic studies of the right upper extremity only. The injured worker is on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremities electrodiagnostic studies: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral upper extremities electrodiagnostic studies are not medically necessary. Electrodiagnostic studies consist of EMG/NCV. 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. 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. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. In this case, the injured worker's working diagnoses are lumbar radiculitis and right wrist strain with extensor tenosynovitis. Date of injury is March 15, 2015. Request for authorization is dated September 24, 2015. According to a September 24, 2015 progress note the injured worker sustained a slip and fall with an injury to the low back and right wrist. The injured worker has moderate discomfort in the low back and some pain in the right wrist. There is numbness and tingling in the fingers that is unchanged. Objectively, there is tenderness over the volar wrist. There is a positive Tinel's and Phalen's. There is swelling over the dorsum of the wrist and increased tenderness over the cubital tunnel. The treating provider is requesting bilateral upper extremity electrodiagnostic studies for comparison purposes. There is no clinical indication for bilateral upper extremity electrodiagnostic studies. There is no clinical indication for left upper extremity electrodiagnostic studies. There were no subjective complaints or objective clinical findings of the left upper extremity. Additionally, nerve conduction studies for carpal tunnel syndrome (right side) are indicated in patients who may be candidates for surgery. There is no discussion of anticipated surgery for carpal tunnel syndrome. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for electrodiagnostic studies of the left upper extremity and no clinical indication or rationale for nerve conduction velocity studies of the right upper extremity absent clinical documentation of anticipated surgery, bilateral upper extremities electrodiagnostic studies are not medically necessary.