

Case Number:	CM15-0220108		
Date Assigned:	11/13/2015	Date of Injury:	01/20/2014
Decision Date:	12/22/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 40-year-old female with a date of industrial injury 1-20-2014. The medical records indicated the injured worker (IW) was treated for prominent right, greater than left, pisiform pain; right medial epicondylitis; and right hand numbness, rule out ulnar neuropathy. In the [REDACTED] First Report of Occupational Injury (9-28-15), the IW reported constant to intermittent aching to sharp pain in the right wrist and hand. The pain radiated up the forearm into the elbow and was aggravated by repetitive gripping, grasping or strenuous lifting. The pain was associated with numbness of the hand and fingers and with swelling. She complained of loss of grip strength and occasional dull pain in the left wrist and hand. On examination (9-28-15 notes), there was tenderness to palpation of the medial epicondyle of the right elbow and forearm. Tinel's sign was positive at the right elbow and right wrist. There was pain to palpation of the right, greater than left, pisiform of the wrists. Phalen's sign was positive on the right wrist. Treatments included medications (Motrin and Ultram) and TENS. The IW was working full time with restrictions. The treatment plan included electrodiagnostic testing of the upper extremities to rule out ulnar neuropathy due to the presence of right hand numbness. No previous electrodiagnostic testing was mentioned in the records. A Request for Authorization was received for electromyography and nerve conduction studies (EMG-NCS) of the bilateral upper extremities. The Utilization Review on 10-30-15 non-certified the request for electromyography and nerve conduction velocity testing (EMG-NCV) 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/Nerve Conduction Velocity of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Forearm, Wrist and Hand.

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

Decision rationale: The patient is a 40 year old female with complaints of bilateral hand pain and right sided hand numbness that has failed conservative management of medications, activity restrictions, physical therapy, splinting and TENS unit. She has specific examination findings of peripheral nerve entrapment at the right elbow and wrist. She has positive Tinel's, at both the wrist and elbow and positive Phalen's at the right wrist. However, there does not appear to be similar findings on the left side. Specific examination findings of peripheral nerve entrapment on the left side were not provided in the documentation reviewed. Therefore, electrodiagnostic studies of the bilateral upper extremities should not be considered medically necessary, as the left side does not appear to be involved. From ACOEM, page 269, Chapter 11, in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. As reasoned above, there are no sufficient examination findings to support peripheral nerve impingement on the left side. Therefore the request is not medically necessary