

Case Number:	CM15-0047953		
Date Assigned:	03/20/2015	Date of Injury:	02/06/2007
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 was a 58 year old male, who sustained an industrial injury, February 6, 2007. The injured worker previously received the following treatments steroid injection, right carpal tunnel and 3rd A1 pulley release surgery, bilateral thumb braces, left wrist brace at night and epidural injection. The injured worker was diagnosed with bilateral thumb carpometacarpal, metacarpophalangeal and interphalangeal degeneration joint disease, status post right 3rd A1 pulley r3elease and endoscopic carpal tunnel release, left carpal tunnel syndrome and status post right 5th A1 pulley release. According to progress note of February 3, 2015, the injured worker's chief complaint was tenderness of the thumbs left greater than the right. There was a positive grind test and positive piano key test. There was tenderness of the metacarpals bilaterally worse on the left. There was tenderness noted over the left wrist flexor tendons. There was tenderness over the cervical and lumbar spine with limited motion and positive Spurling's test. The impression was the need left carpal tunnel release and left thumb carpometacarpal joint arthroplasty. The treatment plan included EMG/NCV (electromyography/nerve conduction velocity studies) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS left upper extremity with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261 & 269, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165-188, page 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms; to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery; in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent; and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck that went into the left arm, pain in the back that went into the right leg, right hand and wrist pain, left thumb pain, and numbness and tingling in left fingers 4 and 5. The documented examinations did not describe abnormal neurologic findings, except for positive left Tinel's and Phalen's signs. No imaging reports were submitted for review. There was no discussion suggesting any of the above conditions or describing special circumstances that would support the use of these studies in this setting. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) studies of the left arm with [REDACTED] is not medically necessary.