

Case Number:	CM15-0083366		
Date Assigned:	05/05/2015	Date of Injury:	02/08/2014
Decision Date:	06/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 34 year old female, who sustained an industrial injury on February 8, 2014. She reported right hand and wrist pain due to cumulative trauma. The injured worker was diagnosed as having myofascial pain syndrome and right wrist strain. On February 11, 2015, x-rays of the right wrist and right shoulder were unremarkable. Treatment to date has included a functional capacity evaluation, wrist/hand support, ice, work modifications, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, a cock up wrist splint, and medications including oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 27, 2015, the injured worker complains of neck pain, right forearm, right shoulder, and right wrist/hand pain. Her right shoulder pain was frequent, aching with sharp pain at times, along with stiffness and frequent clicking and popping sensations. The pain was rated 7/10. Her right wrist/hand pain was frequent and sharp. Associated symptoms of her right wrist/hand pain include numbness and tingling in her hand and fingers, and grip weakness with dropping objects at times. Lifting, pushing and pulling heavy objects, power grasping, and repetitive right hand use aggravates her pain. Her right wrist/hand pain is rated 9/10. The physical exam revealed an unremarkable cervical spine exam. The deep tendon reflexes of the bilateral upper extremities were normal. The Jamar grip strength of the right hand = 26, 22, 18 and the left hand = 42, 26, 21. There was tenderness to palpation along the right shoulder biceps tendon groove and supraspinatus deltoid complex and decreased range of motion of bilateral shoulders. The bilateral wrist exam revealed pain to palpation of the right wrist dorsal and radial aspects and decreased range of motion of bilateral wrists. There was tenderness of the right hand carpometacarpal joints

and a cystic lesion along the dorsal aspect of the right thumb. The treatments requested are an electromyography/nerve conduction study of the bilateral upper extremities and right wrist carpal tunnel syndrome brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies 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. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or physiologic evidence of tissue insult or neurologic dysfunction on the left side. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM for bilateral studies. Therefore the request is not medically necessary.

Right wrist CTS brace: 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), Carpal Tunnel Syndrome, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on wrist complaints states: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Based on guidelines above, wrist splint is indicated in the treatment of this patient and therefore the request is medically necessary.