

Case Number:	CM15-0242048		
Date Assigned:	12/21/2015	Date of Injury:	07/08/2014
Decision Date:	01/28/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/11/2015

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: Florida
 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 31 year old female who sustained an industrial injury on 7-8-2014. Medical records indicate the injured worker is being treated for right scapholunate ligament tear, right dorsal wrist ganglion cyst, and rule out right carpal tunnel syndrome. Per the orthopedic treating physician's re-evaluation dated 11-4-2015 the injured worker reports numbness in her right hand. On physical exam the orthopedic treating physician reports the injured worker has a right dorsal wrist ganglion cyst and localized tenderness along the median nerve distribution, a positive Phalen's test and Durkan's median compression test both on the right, right grip strength 0-0-0kg and left grip strength 20-18-16kg, and diminished light touch in the right median nerve distribution. The orthopedic treating physician is requesting electro diagnostic testing to rule out carpal tunnel syndrome. The ultrasound of the right wrist report dated 10-1-2015 showed status post right dorsal ganglion cyst aspiration-small recurrent ganglion cyst, right extensor pollicis longus tenosynovitis, right normal carpal tunnel region, and right normal triangular fibrocartilage. The MRI report of the right wrist dated 9-15-2015 showed mild fluid seen within the radiocarpal and ulnocarpal joints with slight negative ulnar variant, no triangular fibrocartilage tear, there is a 1.6cm localized fluid collection seen at the dorsal aspect of the proximal wrist and is located next to the radial styloid consistent with appearance of slightly lobulated ganglion cyst formation, a slight complex benign cystic structure seen within the capitate measuring 0.5cm, and the carpal tunnel is normal with no median nerve thickening. The bilateral electromyography and nerve conduction studies dated 2-27-2015 were normal. Treatment to date for the injured worker includes ice, cortisone injection to the right knee on 9-

22-2014, right knee arthroscopy on 12-9-2014, physical therapy, wrist brace, and medications Ibuprofen, Acetaminophen, Nabumetone, Biofreeze, and Tramadol. The UR decision dated 12-1-2015 non-certified the request for nerve conduction study of the left upper extremity and electromyography of the left and right upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter Electromyography (EMG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, EMG/NCS.

Decision rationale: A LUE EMG study is being requested. However, this patient does not have any LUE symptoms. This patient solely has complaints of numbness in the right hand. Likewise, this request for a LUE EMG study is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter Nerve Conduction Studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, EMG/NCS.

Decision rationale: A LUE NCS study is being requested. However, this patient does not have any LUE symptoms. This patient solely has complaints of numbness in the right hand. Likewise, this request for a LUE NCS study is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter Electromyography (EMG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, EMG/NCS.

Decision rationale: An EMG of the RUE was requested. Utilization review declined this request, but did approve a NCS of the RUE as this patient has been having numbness in the right

hand. ODG states that EMG studies are only recommended in cases where diagnosis is difficult with NCS's. Likewise, an EMG study in this case is not medically necessary.