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| Case Number: | CM14-0117680 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 06/24/2014 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 27-year-old female with a date of injury of 06/24/2014. The listed diagnoses per [REDACTED] include right ulnar neuritis, De Quervain's tenosynovitis and right lateral epicondylitis. According to progress report 07/09/2014, the patient presents with complaints of right elbow, hand, and wrist pain. An examination revealed positive mild swelling on the right lateral elbow and generalized diffuse tenderness noted of the elbow and forearm. There is positive resisted wrist extension to the right. Tenderness was noted to the right first dorsal wrist compartment with limited range of motion. There is positive Tinel's, volar wrist, and Finkelstein's on the right. The physician reports that the patient has mild right hypothenar atrophy and significant small finger loss of strength and is requesting a referral for hand surgeon, and electromyography (EMG)/nerve conduction velocity (NCV) of the upper extremity. Utilization review denied the request on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: This patient presents with complaints of right elbow, hand, and wrist pain. The physician is requesting an EMG of the right upper extremity to rule out CTS. Utilization review denied the request stating, "There were no documented clinical changes or objective findings to support the medical necessity of an initial EMG/NCS study." ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions such as cervical radiculopathy. The medical file indicates the patient has not had an EMG in the past. Given the patient's positive finding on examination, an EMG for further investigation may be warranted. Therefore the request is medically necessary.

NCV (Nerve Conduction Velocity) study of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCV studies

Decision rationale: This patient presents with complaints of right elbow, hand, and wrist pain. The physician is requesting an NCV study of the right upper extremity. Utilization review denied the request stating, "Objective findings did not demonstrate a significant change in the clinical status of the patient as to nerve entrapment neuropathies and there was no rationale for the requested study other than to "rule out" CTS. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." This patient has not had NCV testing for her upper extremity complaints. In this case, the patient continues with upper extremities symptoms. Therefore the request is medically necessary.

Orthopedic hand surgeon evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: This patient presents with complaints of right elbow, hand, and wrist pain. The physician is requesting orthopedic hand surgeon evaluation and treatment. Utilization review denied the request stating there is no documented objective finding consistent with a surgical lesion that would benefit from immediate surgical intervention. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the physician is concerned of patient's continued pain, with loss of strength and atrophy. A referral for an orthopedic consultation for further evaluation may be indicated. Therefore the request is medically necessary.