

Case Number:	CM14-0122774		
Date Assigned:	08/08/2014	Date of Injury:	08/16/2012
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male who reported an injury on 08/16/2012. The mechanism of injury was not provided with the review. His diagnosis was noted to be carpal tunnel syndrome. Prior treatments were noted to be medications, splinting, and therapy and activity modification. Prior surgeries were noted to be right carpal tunnel release. A clinical evaluation on 06/03/2014 found the injured worker with subjective complaints of persistent numbness in the right long finger with radial half of the ring finger. He noted soreness in the right index finger over the past day or 2, but no new trauma. He was currently working full duty and taking ibuprofen. The physical examination noted right proximal palm scar was well healed. There was minimal tenderness in that area with decreased sensation to the right hand, particularly the median nerve distribution. The provider noted tenderness of the right index finger proximal phalanx volar surface, no masses. There was trace swelling, no triggering, and composite flexion was 1 cm at the index finger. Recommendations were an EMG/NCV test. The rationale for the request was noted in the treatment plan. A Request for Authorization was not provided with the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Carpal Tunnel Syndrome (Acute & Chronic) Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for NCV of the right upper extremity is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review failed to provide a thorough neurological assessment. The progress report does not indicate significant neurological deficits, such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome. Due to the examination being unclear according to the guidelines, an NCV is not medically necessary. Therefore, the request for NCV of the right upper extremity is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition. Chapter: Carpal Tunnel Syndrome (Acute & Chronic) Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG of the right upper extremity is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review failed to provide a thorough neurological assessment. The progress report does not indicate significant neurological deficits, such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome. Due to the examination being unclear, according to the guidelines, an EMG of the right upper extremity is not medically necessary.