

Case Number:	CM14-0152317		
Date Assigned:	09/22/2014	Date of Injury:	01/17/2014
Decision Date:	11/25/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 01/17/2014. The documentation indicated the injured worker had electrodiagnostic studies on 03/05/2014 which revealed a mild right carpal tunnel syndrome. The mechanism of injury was cumulative trauma. The documentation of 07/21/2014 revealed the injured worker had complaints of right hand and wrist pain with clicking and catching of the right wrist with numbness and tingling of all 5 fingers on the right hand. The injured worker indicated she had to shake her hand to regain sensation. The physical examination revealed no deformities or amputations. There was tenderness in the dorsal aspect of the wrist, particularly in the radial ulnar joint consistent with possible triangular fibrocartilage tear. There was mild swelling in the area. Grip strength was 10/10/0 on the right and 30/30/20 on the left. The injured worker was noted to be right handed. The Phalen's, Tinel's, and carpal tunnel tests were positive on the right at the wrist. The 2 point discrimination was 7 mm in all 5 fingers on the right hand with a normal of 6 mm or less. The muscle strength and manual testing were normal. The injured worker underwent x-rays of the right hand and wrist showing mild soft tissue swelling. The diagnoses included carpal tunnel syndrome of the right wrist and possible triangular fibrocartilage tear of the wrist. The request was made for an EMG/nerve conduction study of the right upper extremity and an MRI of the wrist. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that 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 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide prior conservative care that was participated in. The documentation indicated the injured worker underwent electrodiagnostic studies on 03/05/2014. There was a lack of documentation indicating the injured worker had subjective or objective changes in symptomatology and objective findings to support a necessity for a repeat study. Given the above, the request for EMG study of the right upper extremity is not medically necessary.

Nerve Conduction Study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

Decision rationale: The American College of Occupational and Environmental Medicine states that 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 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide prior conservative care that was participated in. The documentation indicated the injured worker underwent electrodiagnostic studies on 03/05/2014. There was a lack of documentation indicating the injured worker had subjective or objective changes in symptomatology and objective findings to support a necessity for a repeat study. Given the above, the request for nerve conduction study of the right upper extremity is not medically necessary.