

Case Number:	CM14-0169863		
Date Assigned:	10/20/2014	Date of Injury:	01/10/2012
Decision Date:	12/16/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 35 year old female who sustained an industrial injury on 01/10/12 to her right hand while carrying a dust pan with a box of broken glass bottles in it. Her evaluation and treatment included Tylenol and Motrin, physical therapy, bracing and acupuncture. An MRI of the right wrist reportedly revealed mild extensor carpi ulnaris tendinosis, small effusions of the distal radioulnar joint. An EMG/NCS from 06/28/12 was essentially negative. The visit note from 06/23/14 was reviewed. Symptoms included pain with numbness and tingling in the thumb, index finger, long finger and radial part of the right hand. She also had dull ache in the volar wrist and a stabbing pain in the palm at the base of the thumb. Examination showed no atrophy of any muscle groups, Tinel's sign equivocal in the wrist with some tenderness and localized tingling, Tinel's sign negative over the median and ulnar nerves at the elbow, negative Finkelstein test and non-tender medial and lateral epicondyles. Impression was right sided carpal tunnel syndrome. Initial EDS was negative. The provider recommended another electrodiagnostic study comparing right and left sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) left 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), Carpal Tunnel Syndrome (updated 02/20/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-263.

Decision rationale: According to ACOEM guidelines, appropriate EDS may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include NCS or in more difficult cases, EMG may be helpful. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The employee had symptoms in right wrist with signs of possible CTS of right wrist. Other wrist had no symptoms or signs suggestive of compressive neuropathy. The guidelines further recommend comparing the abnormal median sensory NCS with a sensory NCS of another adjacent sensory nerve in the same limb and comparing the normal median nerve NCS to ulnar sensory NCS across the same wrist or compare with proximal or distal segments of the median nerve of the same limb. Guidelines currently don't support doing EDS of asymptomatic limb just for comparison. Hence the request for left upper extremity EMG/NCS is not medically necessary.

NCV (nerve conduction velocity) left 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), Carpal Tunnel Syndrome (updated 02/20/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: According to ACOEM guidelines, appropriate EDS may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include NCS or in more difficult cases, EMG may be helpful. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The employee had symptoms in right wrist with signs of possible CTS of right wrist. Other wrist had no symptoms or signs suggestive of compressive neuropathy. The guidelines further recommend comparing the abnormal median sensory NCS with a sensory NCS of another adjacent sensory nerve in the same limb and comparing the normal median nerve NCS to ulnar sensory NCS across the same wrist or compare with proximal or distal segments of the median nerve of the same limb. Guidelines currently don't support doing EDS of asymptomatic limb just for comparison. Hence the request for left upper extremity EMG/NCS is not medically necessary.

EMG (electromyography) 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), Carpal Tunnel Syndrome (updated 02/20/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, EMG

Decision rationale: According to ACOEM guidelines, appropriate EDS may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include NCS or in more difficult cases, EMG may be helpful. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The employee had symptoms in right wrist with signs of possible CTS of right wrist. An earlier EDS in 2012 was negative. The Official disability guidelines recommend EMG only in difficult cases when the neuropathy has been defined as demyelinating or axonal type. It is seldom required in straightforward condition of median and ulnar neuropathies. Hence the request for right upper extremity EMG is not medically necessary.