

Case Number:	CM14-0099177		
Date Assigned:	09/16/2014	Date of Injury:	10/21/2010
Decision Date:	10/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 injured worker is a 30-year-old female with a reported injury on 10/21/2010. The mechanism of injury was continuous trauma. The injured worker's diagnoses included a right ulnar nerve entrapment, status post right ulnar nerve decompression at the elbow on 10/28/2013, right small finger metacarpophalangeal joint arthralgia, status post metacarpophalangeal joint injection with ultrasound guidance on 03/06/2013, right ulnar wrist pain status post injections on 03/17/2011 and 06/22/2014, and left ulnar nerve entrapment at the elbow (cubital tunnel syndrome). The injured worker's past treatments included medications, an elbow pad, exercise program, a splint, metacarpophalangeal joint injection to the right fifth finger on 03/06/2013, right ulnar injections on 03/17/2011 and 06/22/2011, and hand therapy in 2013. The injured worker's diagnostic testing included x-rays of the right wrist and forearm in 2010, an electromyography (EMG)/nerve conduction velocity (NCV) on 10/19/2012 which showed mild right median nerve entrapment; an EMG/NCV on 06/28/2013 which showed abnormal nerve conduction study on the right, mild compression of the ulnar nerve at or near the medial epicondylar by electrodiagnostic criteria; and an EMG/NCV on 03/19/2014 which showed no evidence of a recurrent cubital tunnel syndrome, no evidence of focal slowing or conduction block on 4 point ulnar stimulation, no evidence of carpal tunnel syndrome, no other evidence of specific entrapment or traumatic neuropathy, no evidence of peripheral neuropathy. The injured worker's surgical history included a right cubital tunnel release on 10/28/2013. The injured worker was evaluated on 6/11/2014 for pain in the right wrist and numbness in the left hand. The injured worker expressed that she was upset because she was not allowed to have surgery. She would like a second opinion with a new nerve conduction examiner and study. The clinician observed and reported a focused right upper extremity exam reporting sensation to light touch was intact at all digital pulps; the hand was pink, moist and warm. The range of motion was full

in all planes. There was no tenderness to palpation at the scar. There was tenderness to palpation at the dorsoulnar wrist. The clinician also performed a left upper extremity examination and found a positive Tinel's sign at the elbow, positive flexion test at the elbow, and decreased sensation to light touch at the small and ring fingers. The treatment plan was to repeat EMG/NCS of the bilateral upper extremities and dispensed Diclofenac sodium and Omeprazole. The requests were for repeat electrodiagnostic studies (EMG) for bilateral upper extremities, and repeat electrodiagnostic study (NCS) for bilateral upper extremities (patient requested second opinion on the NCS). The rationale for the request was that the patient was requesting a second opinion on the Nerve Conduction Study. The request for authorization form was submitted on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG (electromyography) for bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: The request for an EMG is not medically necessary. The injured worker continued to complain of pain in the right wrist and numbness in the left hand. She was upset that based on the EMG/NCV results she was not allowed to have surgery. The California MTUS/ACOEM Guidelines recommend nerve conduction velocity studies for median nerve impingement at the wrist after failure of conservative treatment is recommended. More specifically, the Official Disability Guidelines recommend electrodiagnostic studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. The injured worker underwent an EMG/NCV on 03/19/2014 and no changes in the left upper extremity physical exam findings were noted from the date of that exam until the most recent documentation provided for review, which was dated 06/11/2014. Therefore, the request for EMG is not medically necessary.

Repeat NCS (nerve conduction study) for bilateral upper extremities (patient requesting second opinion on the NCS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: The request for a repeat NCS for bilateral upper extremities is not medically necessary. The injured worker continued to complain of pain in the right wrist and numbness in the left hand. She was upset that based on the EMG/NCV results she was not allowed to have surgery. The California MTUS/ACOEM Guidelines recommend nerve conduction velocity studies for median nerve impingement at the wrist after failure of conservative treatment is recommended. More specifically, The Official Disability Guidelines recommend electrodiagnostic studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. The injured worker underwent an EMG/NCV on 03/19/2014 and no changes in the left upper extremity physical exam findings were noted from the date of that exam until the most recent documentation provided for review, which was dated 06/11/2014. Therefore, the request for a repeat NCS for bilateral upper extremities is not medically necessary.