MAXIMUS Federal Services

Case Number:	CM14-0161804		
Date Assigned:	10/06/2014	Date of Injury:	05/27/2011
Decision Date:	03/06/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 industrial diagnoses include carpal tunnel syndrome of the right wrist, carpal-metacarpal degenerative joint disease, left wrist synovitis, and the patient has a history of carpal tunnel surgical release in October 2012. Past medical history for this patient is notable for Sjogren's syndrome. The patient subjectively complained of upper extremity pain which was worse in the right arm. She has a history of carpal tunnel surgery release. A review of the documents indicates that the patient had an electric diagnostic study on October 1, 2014 of the upper extremity. The study concluded that the patient had mild left carpal tunnel syndrome on the left and borderline findings on the right. No evidence of radiculopathy was noted. The disputed issue is a request for electrodiagnostic studies of the upper extremities which was denied in a utilization review on September 18, 2014.Therefore, in this case, this is a retrospective review for a study that has already been carried out. The utilization reviewer had stated that the electromyography component of this study was not indicated because of a lack of concern for cervical radiculopathy. Nerve conduction study, on the other hand, was certified in this review due to complaints suggestive of median neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV, Bilateral upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: ACOEM Chapter 11 on pages 271-273 in Table 11-7 recommends nerve conduction studies for median (B) or ulnar (C) impingement at the wrist after failure of conservative treatment. There is recommendation against routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms(D). The ACOEM guidelines on page 261 state appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS.Therefore, in the case of this patient who has physical examination suggestive of peripheral focal nerve entrapment, and has a history of right carpal tunnel release surgery, electromyography can be beneficial. Electromyography is not only useful in ruling out a cervical reticular upbeat, but can be used by providers to assess the degree of a focal neuropathy. Evidence of denervation and re-innevation changes can help confirm a diagnosis suggested by nerve conduction study. Given that the guidelines have specification for both the electromyography and nerve conduction study components, this request is medically necessary.