

Case Number:	CM14-0213597		
Date Assigned:	12/31/2014	Date of Injury:	11/10/2008
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/20/2014

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 & Rehabn, 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 injured worker is a 42-year-old female with an original date of injury of November 10, 2008. The industrial diagnoses include carpal tunnel syndrome, seasamoiditis, foot pain, and metatarsalgia. Conservative treatments to date have included physical therapy, plans for acupuncture, paraffin bath for the bilateral wrists and hands, night splits, and naproxen. The patient is on modified work. The disputed issue is a request for repeat electrodiagnostic studies. The patient had an electrodiagnostic study in 2009 which demonstrated right and left median neuropathies. Following this she had carpal tunnel release but the symptoms in the wrists are returning. A consultation note on June 26, 2014 documents that the patient has four out of five strength bilaterally in the upper extremities and underwent electrodiagnostic testing. The impression was that this was a normal study and there was no demonstration of cervical radiculopathy or peripheral nerve injury involving the upper extremities. The patient mentioned in a note from 10/12/2014 that the study did not seem as complete. A utilization review determination had denied the repeat EMG/NCS at this time until after a course of conservative PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat EMG/NCS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 261 and on ODG, Forearm, Wrist, & Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 182; 271-273. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

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." In the case of this request for repeat electrodiagnostic studies, it is felt as there is a discrepancy between the recent electrodiagnostic result in the patient's clinical symptoms. The patient had an electrodiagnostic study in 2009 which demonstrated right and left median neuropathies. Following this she had carpal tunnel release but the symptoms in the wrists are returning. A consultation note on June 26, 2014 documents that the patient has four out of five strength bilaterally in the upper extremities and underwent electrodiagnostic testing. The impression was that this was a normal study and there was no demonstration of cervical radiculopathy or peripheral nerve injury involving the upper extremities. The patient mentioned in a note from 10/12/2014 that the study did not seem as complete. I reviewed the waveforms and the compound motor action potentials and sensory nerve action potentials from the nerve conduction studies. This appears to be a complete study, and there is no demonstration of median nerve dysfunction. There is no documentation of significant change since the time of the last electrodiagnostic study. Therefore, at this juncture, it is unclear what benefits a repeat electrodiagnostic study would provide. This request is not medically necessary.