MAXIMUS Federal Services

Case Number:	CM14-0213893		
Date Assigned:	12/31/2014	Date of Injury:	04/05/2013
Decision Date:	02/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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

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 patient is a 59-year-old male with a date of injury of 04/05/2013.According to progress report dated 11/04/2014, the patient presents with left thumb swelling and weakness. The patient also complains of constant left wrist pain, which radiates to the left elbow and to the shoulder. Examination revealed swollen left thumb. The nail bed is slightly disrupted in the distal half of the nail. The patient has approximately 40 degrees of range of motion of the distal phalanx. The patient is able to pinch but has no force grip. He has poor key grip due to pain. There is mild crepitus at the IP joint. There is positive Finkelstein test and pain over the first dorsal wrist extensor. The listed diagnoses are: 1. History of closed left thumb fracture.2. Left De Quervain's tenosynovitis, injected 01/14/2014. 3. Trigger of left medial thumb A1 pulley, injected 07/07/2014. 4. Trigger of left ring finger A1 pulley. The patient is temporarily totally disabled for 6 weeks. Treatment plan is for bilateral upper extremity NCV/EMG, urine toxicology, refill of medications, and instruction to a trip to clinic in 4 to 6weeks for follow-up. The utilization review denied the request for EMG/NCV of the upper extremity on 12/03/2014. Medical file provided for review includes treatment reports including 05/20/2014 through11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS).

Decision rationale: This patient presents with left thumb swelling, weakness, and numbness. The patient also complains of constant left wrist pain that radiates into the left elbow and shoulder. The current request is for EMG/NCV of the upper extremity. The utilization review denied the request stating that "the guidelines do not support the need for testing to evaluate De Quervain's."ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. ODG further states regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electro-myography (EMG) is not generally necessary."The patient has continued complaints of radiating pain into the upper extremities, and there are no prior EMG/NCV testing found in the medical records provided. The treating physician is unclear if radiculopathy is present and is requesting diagnostic testing for clinical verification of radiculopathy. The requested EMG/NCV of the upper extremities is medically necessary.