

Case Number:	CM14-0216466		
Date Assigned:	01/06/2015	Date of Injury:	08/01/2012
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/26/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female with a work injury to her right wrist dated 08/01/2012. She states initially she received therapy, splinting and two injections for what was thought to be DeQuervains tenosynovitis. In May 2013 she was treated surgically. Postoperatively she developed hypoesthesia on the dorso-radial aspect of the hand but states that the pain itself improved although she still feels some tightness. She states she was doing reasonably well but was transferred (at her job) to the call center and her symptoms have increased. The IW complains of numbness on the dorso-radial aspect of the hand, weakness and stiffness. Physical exam revealed the presence of a healed scar on the radial side of the distal forearm. There was no excessive swelling, ecchymosis or redness. The IW had full unimpeded range of motion in flexion and extension of all digits, wrist and elbow without limitation except for the thumb. The thumb did not reach the fifth metacarpal head by approximately 1 cm and forceful flexion caused a pulling sensation. Examination also revealed no tenderness to localized pressure and a Tinel's sign was percussed positively along the course of the first dorsal compartment with paresthetic sensation and numbness on the dorsum of the thumb, index and middle metacarpals. Tinel's sign was negative at the carpal tunnel and there was a negative Phalen's test. Prior treatment included conservative therapy, including bracing, non-steroidal anti-inflammatory drugs, therapy, steroid injections and surgery. The provider requested NCV of right upper extremity and EMG of right upper extremity. The RFA is not dated. On 12/15/2014 utilization review issued a decision denying the request for NCV of right upper extremity and EMG of right upper extremity stating the objective findings on examination do not include evidence of neurologic dysfunction.

such as sensory, reflex or motor system change. The patient is not presented as having radiculopathy. There is absence of symptoms or findings suggestive of peripheral neuropathy. There is no mention of specific diagnosis for which the electro diagnostic studies are being requested. There is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested electro diagnostic studies. Cited guidelines were MTUS; ACOEM Guidelines - Forearm, Wrist and Hand Complaint -, Special Studies, Diagnostic and Treatment Considerations; Official Disability Guidelines - Forearm, Wrist & Hand, updated 11/13/2014, Electro diagnostic studies. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, wrist, and hand: Electrodiagnostic studies

Decision rationale: Electrodiagnostic studies include nerve conduction velocity (NCV) and electromyography (EMG) are recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. They are also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. In this case the patient has had diminished sensation in the right hand since she underwent surgery in May 2013. There is no documentation that the patient has had significant change in her signs of symptoms and there is no history in new trauma. There are no new neurological deficits. There is no medical indication for the NCV. The request should not be authorized.

EMG of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, wrist, and hand: Electrodiagnostic studies

Decision rationale: Electrodiagnostic studies include nerve conduction velocity (NCV) and electromyography (EMG) are recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. They are also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. In this case the patient has had diminished sensation in the right hand since she underwent surgery in May 2013. There is no documentation that the patient has had significant change in her signs of symptoms and there is no history in new trauma. There are no new neurological deficits. There is no medical indication for the NCV. The request should not be authorized.

