

Case Number:	CM15-0018096		
Date Assigned:	02/05/2015	Date of Injury:	12/10/2009
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 54 year old female who sustained an industrial injury on 12/10/09. Currently she complains of neck, back, right shoulder pain and right wrist pain. In addition she complains of left hip pain. Her medications include Benadryl, and Dilaudid. Diagnoses are low back pain; shoulder pain; carpal tunnel syndrome; trochanteric bursitis and myositis; carpal tunnel surgery X2; right shoulder surgery and multiple cervical spine surgeries. Treatment to date included an injection into the carpal canal. She has visited the emergency room for shoulder pain. Progress note dated 1/12/15 indicates the request for electrodiagnostic studies is to rule out carpal tunnel syndrome or other neuropathy and the request for MRI of the right wrist for swelling of the carpal tunnel. The injured worker has a bubble on the right wrist and the provider thinks there is possible scar tissue formation. On 1/15/15 Utilization review non-certified the requests for repeat nerve conduction study right upper extremity; repeat electromyography right upper extremity and MRI of the right wrist citing MTUS: Electrodiagnostic Studies and MTUS/ACOEM: MRI of Wrist respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat NCS Right Upper Extremity QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Chapter,
Electrodiagnostic Testing.

Decision rationale: Per the 01/12/15 report the patient presents with pain in the neck, back and right shoulder along with right wrist pain and swelling with numbness and tingling of all the fingers s/p CTR January 2014. The current request is for REPEAT NCS RIGHT UPPER EXTREMITY QYT 1.00 per the 01/13/15 RFA. The patient is off work since May 2011. ODG, Carpal Tunnel Chapter, Electrodiagnostic Testing, states, "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 electromyography (EMG) is not generally necessary." The 01/12/15 report by [REDACTED] states the patient received an NCS September 2013 by [REDACTED] she received Right CTR January 2014 and NCS was repeated June 2014 showing mild residual CTS. The patient is showing a bump at the surgical site. This report and the RFA state an injection in December 2014 required the draining of a great deal of fluid and blood and the treating physician states, "Need to find out why collection of the fluid vs. scar tissue." The RFA states the request is to evaluate for CTR vs. other neuropathy. In this case, the reports provided show a diagnosis of CTS with residual CTS post-surgery. The request IS medically necessary.

Repeat EMG Right Upper Extremity QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Chapter,
Electrodiagnostic Testing.

Decision rationale: Per the 01/12/15 report the patient presents with pain in the neck, back and right shoulder along with right wrist pain and swelling with numbness and tingling of all the fingers s/p CTR January 2014. The current request is for REPEAT EMG RIGHT UPPER EXTREMITY per the 01/13/15 RFA. The patient is off work since May 2011. ODG, Carpal Tunnel Syndrome, EMG, states, "Recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS)." The 01/12/15 report by [REDACTED] states the patient received an NCS September 2013 by [REDACTED] she received Right CTR January 2014 and NCS was repeated June 2014 showing mild residual CTS. The patient is showing a bump at the surgical site. This report and the RFA state an injection in December 2014 required the draining of a great deal of fluid and blood and the treating physician states, "Need to find out why collection of the fluid vs. scar tissue. The RFA states the request is to evaluate for CTR vs. other neuropathy." In this case, guidelines

recommend EMG in more difficult cases when studies include NCS. The request IS medically necessary.

MRI of right wrist QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 (Page: 268-269).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist & Hand Chapter, MRI's.

Decision rationale: Per the 01/12/15 report the patient presents with pain in the neck, back and right shoulder along with right wrist pain and swelling with numbness and tingling of all the fingers s/p CTR 05/19/10. The current request is for MRI RIGHT WRIST per the 01/13/15 RFA. The patient is not working. ODG, Forearm, Wrist & Hand Chapter, MRI's, states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities." The RFA states this request is to evaluate for swelling of the Carpal tunnel. The 01/12/15 report states the patient is having swelling and pain at the surgery site s/p CTR January 2014 and a recent injection required a large amount of fluid and blood to be drained. This report further states, "Need to find out why collection of the fluid vs. scar tissue." The treater also states the request is delineate pathology of the carpal tunnel vs. scar tissue. In this case, guidelines allow MRI of the wrist for miscellaneous other abnormalities and abnormal swelling is documented. There is no evidence of a prior MRI for the wrist. The request is reasonable and IS medically necessary.