

Case Number:	CM15-0174343		
Date Assigned:	09/16/2015	Date of Injury:	05/01/2012
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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 40 year old female with an industrial injury dated 05-01-2012. Medical record review indicates she is being treated for status post left dorsal wrist ganglion cyst excision and tenosynovitis 03-04-2015. She presents on 07-29-2015 with left hand-wrist pain rated as 6 out of 10. Other symptoms were "some" tingling and radiating pain to the forearm. Physical exam (07-29-2015) noted Jamar Kg right 33-31-30 and left 13-15-13. Left wrist exam noted a scar documented as possible keloid at incision site. Prior progress note dated 04-22-2015 documented Jamar right 30-28-26 and left 7-7-5 and on 06-24-2015 Jamar Kg right 24-23-23 and left 8-6-5. Progress note dated 06-24-2015 noted left hand-wrist pain rated as 6 out of 10 with "some" tingling. Medications included Tramadol, Ibuprofen and Prilosec. Prior treatment included physical therapy, wrist and hand brace, and surgery to remove a cyst, 12 post-operative physical therapy sessions and two cortisone injections. The treatment plan included pain medication, anti-inflammatory, stomach protectant, MRI of left wrist and EMG-NCS of bilateral upper extremities (request for authorization dated 07-30-2015). On 08-10-2015, the request for EMG-NCS of right upper extremity was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The 40 year old patient complains of left hand/wrist pain, rated at 6/10, along with some tingling and radiating pain to the forearm, as per progress report dated 07/29/15. The request is for EMG/NCV Right Upper Extremity. The RFA for this case is dated 07/30/15, and the patient's date of injury is 05/01/15. The patient is status post left dorsal wrist ganglion cyst excision and tenosynovitis on 03/04/15, as per progress report dated 07/29/15. Medications included Tramadol, Ibuprofen and Prilosec. The patient is off work, as per the same progress report. For EMG, ACOEM Guidelines, chapter 11, Forearm, Wrist, and Hand Complaints chapter and Special Studies section, page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, a request for EMG/NCV of upper extremities is noted in progress report dated 07/29/15. The Utilization Review denial letter, dated 08/10/15, states that the request was modified to EMG/NCV of the left upper extremity as "it is not necessary to perform studies on the uninvolved side, the right." This appears reasonable as the reports available for review do not document any right wrist pain or deficits. Ultrasound of the bilateral wrists, dated 01/20/15 and reviewed in progress report dated 06/17/15, revealed normal right wrist. ACOEM requires identification of neurologic deficits during clinical evaluation for electrodiagnostic studies. Given the lack of any right upper extremity symptoms, the request for EMG/NCV is not medically necessary.