

Case Number:	CM15-0066494		
Date Assigned:	04/14/2015	Date of Injury:	05/08/2013
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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 58 year old female, who sustained an industrial/work injury on 5/8/13. She reported initial complaints of left hand and wrist pain and bilaterally knee pain. The injured worker was diagnosed as having left carpal tunnel syndrome/release and right knee patellofemoral syndrome. Treatment to date has included medication, home icing, surgery (left carpal tunnel release, right knee diagnostic arthroscopy), and physical therapy. MRI results were reported on 8/6/13. Electromyography and nerve conduction velocity test (EMG/NCV) on 2/25/13. Currently, the injured worker complains of left hand and wrist pain rated 7/10 which is daily and intermittent. The bilateral knees had locking with prolonged walking. Per the primary physician's progress report (PR-2) on 2/3/15, the right knee had pain 6/10 with completion of physical therapy; the left knee pain was 4/10. The left hand/wrist had 7/10 pain and increased with gripping and had numbness in bilateral hand/fingers. Home icing was done daily. Examination noted the left hand/wrist had intact sensation and tenderness over the incision site. The right knee had extension of 6 degrees and flexion of 115 degrees with pain, mild swelling, medial joint line tenderness, and strength of 4/5. The left knee had extension of 0 degrees and flexion of 130 degrees. Current plan of care included physical therapy, medication, and exercises. The requested treatments include NCV/EMG (electromyography and nerve conduction velocity test) of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision rationale: The patient presents with left hand and wrist pain (7/10). The request is for an NCV/EMG of the left upper extremity. There is no RFA provided and the patient's date of injury is 05/08/13. The diagnoses include left carpal tunnel syndrome/release (01/10/14) and right knee patellofemoral syndrome. Per 02/03/15 report, physical examination of the left hand/wrist revealed tenderness to palpation. Sensation is intact bilaterally. There is numbness in bilateral hands and the patient reports that "gripping objects worsens pain." Treatment to date has included medication, home icing, surgery (left carpal tunnel release, right knee diagnostic arthroscopy), and physical therapy. The patient's medications include Mobic and Omeprazole. The patient is temporarily totally disabled. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four 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. Treater has not provided a reason for the request. The utilization review letter dated 03/09/15 states the patient had a prior EMG/NCV on 02/25/13. The patient underwent left carpal tunnel release on 01/10/14. In this case, patient continues with pain and it does not appear electrodiagnostic study has been done post carpal tunnel release procedures. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.