

Case Number:	CM15-0071233		
Date Assigned:	04/21/2015	Date of Injury:	07/01/2013
Decision Date:	07/08/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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:

This 63-year-old man sustained an industrial injury on 7/1/2013. The mechanism of injury is not detailed. Diagnoses include bilateral wrist osteoarthritis and questionable bilateral carpal tunnel syndrome. Treatment has included oral medications and wrist splints. Physician notes dated 3/19/2015 show complaints of bilateral wrist pain. Recommendations include electromyogram/ nerve conduction studies of the bilateral upper extremities, possible surgical intervention, and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and or Nerve Conduction Velocity (NCV) studies for the right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back (acute and chronic) chapter, EMG.

Decision rationale: The patient was injured on 07/01/2013 and presents with bilateral wrist injuries. The request is for Electromyography and Nerve Conduction Velocity Studies for the right upper extremity. The RFA is dated 03/26/2015 and the patient is on temporary total disability. ACOEM Guidelines page 262 states: appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. 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 and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. Examination of the right hand/wrist reveals global tenderness over the distal radiocarpal joint, a limited right wrist/hand range of motion, positive tenderness over the first dorsal compartment, positive Finkelstein's test, positive Tinel's sign at the median nerve, and a positive Phalen's sign. Examination of the left hand/wrist reveals that there is tenderness over the scapholunate joint and neurovascularly intact. The patient is diagnosed with bilateral wrist osteoarthritis, questionable carpal tunnel syndrome, bilaterally. The patient is wearing wrist splints on a regular basis and continues to have significant pain. The reason for the request is not provided. Given that the patient continues to have pain of right wrist/hand, has positive exam findings, and is diagnosed with carpal tunnel syndrome, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV for the right upper extremity is medically necessary.