

Case Number:	CM15-0095308		
Date Assigned:	05/21/2015	Date of Injury:	02/10/2015
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 11/1/2014. She reported repetitive motion injury to bilateral hands. Diagnoses include hand pain and cervical radicular pain. Treatments to date include modified activity, wrist splints, physical therapy, and a cortisone injection to the right wrist (noted to have been effective for approximately four months). She had a EMG/NCV study approximately one year ago which was equivocal to negative for carpal tunnel syndrome (as per the hand surgeon's note dated 4/20/2015). Currently, she complained of bilateral hand numbness, tingling, weakness and pain. On 4/3/2015, the physical examination documented moderate tenderness in both hands with altered sensation and altered strength of grip. X-rays showed early signs of degenerative joint disease, osteoarthritis with osteopenia and sclerosis with joint space narrowing. The treating diagnoses included bilateral wrist strain/hand strain, bilateral possible carpal tunnel syndrome, diffuse osteoarthritis, and bilateral epicondylitis. Hand surgeon evaluation on 4/20/2015 found no signs consistent with carpal tunnel syndrome but rather signs and symptoms of elbow tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-2, 269.

Decision rationale: Nerve Conduction Velocity (NCV) is a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of NCV testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. This patient's examination, as per the hand surgeon's evaluation, is not consistent with carpal tunnel syndrome (CTS) but rather with tendonitis in the areas of the elbow. Prior NCV did not reveal CTS either. Medical necessity for this study on the right hand has not been established. The request is not medically necessary.

EMG, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-2, 269.

Decision rationale: Electromyography (EMG) is a diagnostic test. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). Criteria for its use are very specific. When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of EMG testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. This patient's examination, as per the hand surgeon's evaluation, is not consistent with carpal tunnel syndrome (CTS) but rather with tendonitis in the areas of the elbow. Prior EMG did not reveal CTS either. Medical necessity for this study on the right hand has not been established. The request is not medically necessary.

EMG, left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-2, 269.

Decision rationale: Electromyography (EMG) is a diagnostic test. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). Criteria for its use are very specific. When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of EMG testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. This patient's examination, as per the hand surgeon's evaluation, is not consistent with carpal tunnel syndrome (CTS) but rather with tendonitis in the areas of the elbow. Prior EMG did not reveal CTS either. Medical necessity for this study on the left hand has not been established. The request is not medically necessary.

NCS, left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-2, 269.

Decision rationale: Nerve Conduction Velocity (NCV) is a diagnostic test. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of NCV testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. This patient's examination, as per the hand surgeon's evaluation, is not consistent with carpal tunnel syndrome (CTS) but rather with tendonitis in the areas of the elbow. Prior NCV did not reveal CTS either. Medical necessity for this study on the left hand has not been established. The request is not medically necessary.