

Case Number:	CM15-0096375		
Date Assigned:	05/26/2015	Date of Injury:	01/22/2013
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 54-year-old female patient, who sustained an industrial injury on 1/22/2013, while employed as a salesperson. She reported left wrist pain while lifting a tray of watches. The diagnoses include left wrist de Quervain's syndrome, status post surgery, neuropraxia left wrist, possible left wrist sprain, possible left wrist Guyon's canal syndrome. The doctor's note dated 5/4/15 was not fully legible. Per the note dated 5/4/15, celebrex helps. Per the orthopedic consultation report, dated 1/26/2015, she had complaints of constant pain in her left wrist, radiating to left shoulder, rated 8-10/10. She reported numbness of her left ring and middle fingers and diminished hand strength. She reported pain in the radial and ulnar aspect of her right upper extremity, with diminished strength, rated 3-7/10. Physical exam noted normal range of motion of the bilateral wrists; decreased sensation to all digits of the left hand and normal sensation in the right hand. Intrinsic muscle testing noted normal strength of the right and left thenar, first dorsal interosseous and abductor digiti minimi muscles. The current medication use included Celebrex. Per the note dated 1/26/15, she reported having electrodiagnostic studies 9 months prior, which were reportedly normal. Previous electrodiagnostic studies were not submitted. She has had lumbar spine MRI on 3/25/2015; X-rays of the left which revealed degenerative changes and consistency with ulnocarpal impaction syndrome; X-rays of the right wrist showed degenerative changes; left upper extremity electrodiagnostic studies in 2013. She was given an injection of Lidocaine and Celestone due to left thumb carpometacarpal joint arthritis on 4/24/2015. Treatment to date has included diagnostics, wrist brace, cortisone

injections, physical therapy, left wrist de Quervain's release 9/2013 with residual left wrist de Quervain's syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (Acute & Chronic), Electrodiagnostic studies (EDS), Electromyography (EMG), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, page 268.

Decision rationale: Request- EMG/NCV of the Left Upper Extremity Per the ACOEM guidelines, "Appropriate electro diagnostic 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." Per the note dated 1/26/15, she has had electro diagnostic studies 9 months prior, which were reportedly normal. In addition, she has had left upper extremity electro diagnostic studies in 2013. The electro diagnostic studies reports are not specified in the records provided. Significant changes in patient's clinical condition since these diagnostic studies that would require repeat EMG/NCS of left upper extremity is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of EMG/NCV of the Left Upper Extremity is not medically necessary for this patient.

EMG/NCV of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (Acute & Chronic), Electrodiagnostic studies (EDS), Electromyography (EMG), Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, page 268.

Decision rationale: Request- EMG/NCV of the Right Upper Extremity Per the ACOEM guidelines "Appropriate electro diagnostic 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." Per the note dated 1/26/15, she has had electro diagnostic studies 9 months prior, which were reportedly normal. The electro diagnostic studies reports are not specified in the records provided. Significant changes in patient's clinical condition since these diagnostic studies that would require repeat EMG/NCS of right upper extremity is not specified in the records provided. Response to

previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, patient had normal strength and sensation in the right upper extremity. Recent clinical evaluation with evidence of significant neurological symptoms in the right upper extremity is not specified in the records provided. The medical necessity of EMG/NCV of the right Upper Extremity is not medically necessary for this patient.