
Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0023168	Date of Injury:	06/14/2007
Claims Number:	[REDACTED]	UR Denial Date:	08/27/2013
Priority:	STANDARD	Application Received:	09/11/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
EMG/NCV UPPER EXTREMITY DOES NOT SPECIFY RIGHT VS BILATERAL			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 51-year-old male with reported date of injury of 06/14/2007. The mechanism of injury is described as repetitive work associated with his employment. He was seen on 01/26/2009 with complaints of pain and weakness of his muscles to the right forearm, wrist, and hand with intermittent paresthesias. His right elbow was also tender about the medial and lateral epicondyle. Assessment was sprain and tendinitis of the right hand and wrist. Electrodiagnostic study performed on 02/11/2009 demonstrated nerve conduction study to the right upper extremity revealed ulnar neuropathy across the elbow and there was a normal right median sensory and motor study without electrodiagnostic evidence for median neuropathy. There was a normal right radial sensory and motor nerve study without electrodiagnostic evidence for radial neuropathy. There was no evidence for peripheral polyneuropathy. He was taken to surgery for a right cubital tunnel syndrome and underwent decompression of the right ulnar nerve at the elbow. He continued to report pain. A further electrodiagnostic study performed revealed no acute or chronic denervation based on the EMG. There was no evidence of brachial radiculopathy, plexopathy, or cervical radiculopathy. He was taken to surgery for rotator cuff tear and impingement syndrome and underwent repair and debridement. Electrodiagnostic study performed on 06/12/2012 revealed pathology of the right median nerve, right ulnar nerve, left ulnar nerve, and findings suggesting an irritation of the left median branch and bilateral median nerves, first digital and lateral branches. Subsequent electrodiagnostic study on 11/02/2012 suggested irritation of the second thoracic nerve as well. There was moderate left C4 and left C6 and moderate right T2 irritability without evidence of cervical radiculopathy. Electrodiagnostic study performed on 03/15/2013 for a history of possible carpal tunnel syndrome was considered a normal study. He returned to clinic on 10/18/2013 and he had 0 degrees of flexion to his left wrist and it was tender to palpation and had muscle testing rated at 4/5. He still complained of left wrist pain, swelling, and limited motion. Diagnosis was left wrist derangement status post left wrist fusion and he was to await authorization to see a hand surgeon for consultation and x-rays of his right wrist. Electrodiagnostic studies were also requested of the upper extremities.

IMR DECISION(S) AND RATIONALE(S)

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

1. EMG upper extremity (does not specify right vs. bilateral) is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Hand, Wrist & Forearm Disorders, Non-specific hand, forearm and wrist pain, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, page(s) 268-269, 272, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM, Forearm, Wrist, and Hand Chapter, indicates this diagnostic study may be considered reasonable in cases of peripheral nerve impingement if no improvement or worsening has occurred over 6 weeks, electrodiagnostic studies may be indicated. Records provided for this review indicate this claimant still has left hand pain status post fusion and he has decreased range of motion status post fusion. The records do not indicate he has any significant issues that could be related to a carpal tunnel syndrome as the records do not indicate he has significant atrophy, positive Phalen's, positive Tinel's, or positive compression test attributable to the carpal tunnel. Additionally, the records do not indicate whether this study is to be performed to the right versus left or bilateral upper extremities. As such, the request is not considered medically necessary at this time and is non-certified.

2. NCV upper extremity (does not specify right vs. bilateral) is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Hand, Wrist & Forearm Disorders, Non-specific hand, forearm and wrist pain, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, page(s) 268-269, 272, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM indicates that routine use of nerve conduction studies or EMG and diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. Furthermore, MTUS/ACOEM indicates in cases of peripheral nerve impingement, if no improvement or worsening has occurred over 4 to 6 weeks, electrical studies may be indicated. The guidelines indicate that nerve conduction studies for median nerve impingement, at the wrist, may be performed after failure of conservative treatment. The records provided for this review do not document which wrist the study is to be performed on. The records do not indicate that there is positive physical findings that would be correlated to carpal tunnel syndrome such as a positive Phalen's, positive Tinel's, or positive compression test or thenar atrophy. The records do not indicate conservative care for carpal tunnel syndrome. The previous electrodiagnostic study performed on 3/18/2010 failed to document findings that could be attributable to carpal tunnel syndrome. The more recent electrodiagnostic study dated

11/02/2012 also fails to indicate carpal tunnel syndrome. As such, a rationale for this procedure at this time has not been documented by the records and the request is non-certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0023168