

Case Number:	CM13-0010970		
Date Assigned:	09/23/2013	Date of Injury:	08/07/2008
Decision Date:	01/27/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013

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 Occupational Medicine 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.

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 patient is a 56-year-old man with a date of injury of 8/7/2008. He has reported low back pain and bilateral carpal tunnel syndrome. He has had a left carpal tunnel release in 2010 and extensive conservative care. The patient was seen on 6/18/2013, according to UR decision, due to lack of modified work. There is a positive right cubital fossa Tinel's sign. Medical records do not include the note for June 18, 2013. They do have a note from November 14, 2012 and July 30, 2013 as well as previous notes from 2012. Objective findings on July 30 reveal positive Tinel's test at the right elbow. There were no other pertinent positive or negative findings listed. There was no neurological exam or other extremity exam noted. His last EMG was reported on September 13, 2011 with a normal EMG and a nerve conduction study showing positive peripheral polyneuropathy secondary to neuropathic process

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the bilateral upper extremities: Upheld

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

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

Decision rationale: CA MTUS states that special dye here is not necessary until a 4-6 week period of conservative care and observation. There are no objective findings listed in the records

on July 30, 2013 to indicate that the patient needed the requested study. Also, there is no documentation of any conservative care including medications, exercise or therapy. Therefore, as there has not been a period of conservative care and observation, and records do not indicate deficits or other symptoms warranting the study, it is not medically necessary.

NCV for the bilateral upper extremities: Upheld

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

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

Decision rationale: CA MTUS states that special dye here is not necessary until a 4-6 week period of conservative care and observation. There are no objective findings listed in the records on July 30, 2013 to indicate that the patient needed the requested study. Also, there is no documentation of any conservative care including medications, exercise or therapy. Therefore, as there has not been a period of conservative care and observation, and records do not indicate deficits or other symptoms warranting the study, it is not medically necessary.