

Case Number:	CM13-0018881		
Date Assigned:	10/11/2013	Date of Injury:	06/28/2013
Decision Date:	01/22/2014	UR Denial Date:	08/24/2013
Priority:	Standard	Application Received:	08/30/2013

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 Orthopedic Surgery 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who sustained injuries to her upper extremities in a work related accident on 6/28/13. Clinical records for review include radiographs of the bilateral hands and wrists that were noted to be negative for evidence of acute findings. Most recent clinical progress report of 8/21/13 indicated subjective complaints of pain about the left wrist and hand with objective findings demonstrating tenderness over the dorsum of the wrist joint and no other significant findings documented. The claimant was diagnosed with left hand numbness, a ganglion cyst and a wrist sprain. Recommendations at that time were for acupuncture, electrodiagnostic studies to the upper extremities and a left wrist MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Based on California ACOEM Guidelines, electrodiagnostic studies to the upper extremities would not be indicated. Guideline criteria indicates that electrodiagnostic

testing is for neurologic dysfunction in patients with neck or arm symptoms or both lasting for more than three to four weeks. While the treating physician notes the claimant was with numbness, physical examination does not document any specific neurologic findings, which would warrant the role of electrodiagnostic studies at present. The specific request in this case would not be indicated.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Based on California MTUS Guidelines and Official Disability Guidelines criteria an MRI scan of the left wrist would not be indicated. Guideline criteria only indicate the role of wrist MRI scans for acute injury of suspected fracture or chronic pain, for which there is suspected soft tissue tumor, or Kienbock disease. The diagnosis of a ganglion cyst is typically made on the physical examination findings alone. The claimant's clinical presentation would not support a medical necessity for an MRI scan at this stage in the clinical course of care.