

Case Number:	CM13-0021770		
Date Assigned:	10/11/2013	Date of Injury:	04/28/2013
Decision Date:	01/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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 claimant presents after an injury at work to her left wrist. She was reportedly carrying a bag when she experienced the onset of wrist and elbow pain. The date of injury is 5/13/13 and is acute to sub-acute in nature. On exam she has some limitation of range of motion, tender over volar aspect, positive Phalen's test and Tinel's sign. The X-ray is negative for fracture or dislocation. The beneficiary has undergone 6/12 physical therapy treatments and acupuncture. The request is for an EMG/nerve conduction study

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Study: 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): 268-269.

Decision rationale: The claimant has a wrist strain with possible carpal tunnel syndrome. She needs to have completed a full course of conservative therapy and demonstrate some sensory loss as an indication for EMG/nerve conduction studies. She does not meet the criteria listed in the ACOEM guidelines for the use of the above study.

