

Case Number:	CM13-0025038		
Date Assigned:	11/20/2013	Date of Injury:	06/13/2012
Decision Date:	03/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 6/13/12; she tripped and fell, causing injury to her forehead, nose, left knee, left wrist, and left shoulder. Previous treatments included physical therapy, chiropractic care, acupuncture, and a left carpal tunnel release followed by postoperative care. The patient's chronic pain was managed with medications. The patient's most recent clinical examination documented that she has developed right hand numbness, tingling, and pain due to overuse of the right hand status post left hand surgery. The clinical examination of the right hand revealed a positive Durkan's and a positive Phalen's sign with decreased sensation in digits 1-4. The patient's treatment plan included electrodiagnostic studies for the right upper extremity to rule out carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The clinical documentation submitted for review evidences that the patient recently developed right hand symptoms including pain, numbness, and tingling. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have no symptom improvement with conservative care of 4-6 weeks and peripheral nerve impingement is suspected. The clinical documentation submitted for review does not provide any evidence that the patient has undergone any conservative care for the right hand complaints. There is no documentation of physical therapy, medication usage, activity modification, or hot or cold pack applications. As there is no documentation that the patient has received any conservative treatment and there is no documentation of red flag conditions, an electrodiagnostic study would not be supported. As such, the request is not medically necessary or appropriate.

motor nerve conduction study 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The clinical documentation submitted for review evidences that the patient recently developed right hand symptoms including pain, numbness, and tingling. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have no symptom improvement with conservative care of 4-6 weeks and peripheral nerve impingement is suspected. The clinical documentation submitted for review does not provide any evidence that the patient has undergone any conservative care for the right hand complaints. There is no documentation of physical therapy, medication usage, activity modification, or hot or cold pack applications. As there is no documentation that the patient has received any conservative treatment and there is no documentation of red flag conditions, an electrodiagnostic study would not be supported. As such, the request is not medically necessary or appropriate.

sensory nerve conduction study 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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