MAXIMUS Federal Services

Case Number:	CM13-0029099		
Date Assigned:	03/17/2014	Date of Injury:	10/16/2011
Decision Date:	05/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation , and is licensed to practice in Texas. 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 expert 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 injured worker is a 48-year-old female who reported an injury on 10/16/2011 after a fall that reportedly caused injury to the right side of her body. The injured worker's treatment history included a laminectomy and bilateral foraminotomy with a right sided discectomy at the L5-S1. The injured worker was treated postoperatively with physical therapy, a home exercise program, and medications. The injured worker was evaluated on 08/08/2013. It was documented that the injured worker had ongoing right hand and wrist numbness and tingling and pain complaints. Physical evaluation of the right wrist documented restricted range of motion secondary to pain in the wrist joint. Evaluation of the left wrist documented normal range of motion with no evidence of pain. The injured worker had a positive Tinel's sign of the right wrist and a positive prayer sign of the right hand. The injured worker's treatment to the right wrist and hand included physical therapy and chiropractic manipulation. The injured worker's diagnoses included a right wrist sprain/strain, and right wrist carpal tunnel syndrome. The injured worker's treatment plan included an electromyography and a nerve conduction velocity study of the upper extremities due to clinical findings of a positive Tinel's sign on the right and continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The requested electromyography for the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies to clarify nerve root impingement versus radiculopathy. The clinical documentation submitted for review does not provide any evidence that the injured worker has any nonfocal physical findings of radiculopathy. Therefore, the need for an electromyography study is not supported. As such, the requested electromyography of the right upper extremity is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The requested nerve conduction velocity of the right upper extremity is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when there is evidence of peripheral nerve impingement. The clinical documentation submitted for review does indicate that the patient has a right sided positive Tinel's sign. Therefore, nerve conduction study would be supported. As such, the requested nerve conduction velocity of the right upper extremity is medically necessary and appropriate.

NERVE CONDUCTION VELOCITYLEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The requested nerve conduction velocity of the left upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when there is evidence of peripheral nerve root involvement the clinical documentation submitted for review does not provide any evidence of deficits to the left upper extremity that would need clarification from an electrodiagnostic study. As such, the requested nerve conduction velocity of the left upper extremity is not medically necessary or appropriate.

ELECTROMYOGRAPHYLEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The requested electromyography of the left upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies when there is evidence of peripheral nerve root involvement the clinical documentation submitted for review does not provide any evidence of deficits to the left upper extremity that would need clarification from an electrodiagnostic study. As such, the requested electromyography of the left upper extremity is not medically necessary or appropriate.