

Case Number:	CM13-0031353		
Date Assigned:	12/04/2013	Date of Injury:	02/12/2012
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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, has a subspecialty in hand surgery 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 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 29-year-old female who reported an injury on 02/12/2012 after pulling a person to reposition them in bed causing injury to the right hand and wrist. The patient was treated conservatively with physical therapy, chiropractic treatments, and medications. The patient had a lapse in treatment due to a pregnancy. The patient's most recent clinical evaluation revealed a positive Finkelstein's of the right hand, reproducible symptomatology along the extensor flexor tendon region of the right thumb, a palpable nodule and some tenderness of the flexor tendon sheath, and a positive palmar compression test with a positive Tinel's and Phalen's maneuver. The patient's diagnoses included right carpal tunnel/De Quervain's syndrome. The patient's treatment plan included surgical intervention with postoperative care to include medications, physical therapy, and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested EMG/NCV is not medically necessary or appropriate. The clinical documentation submitted for review provides evidence that the patient is a surgical candidate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies when there is a lack of improvement or worsening symptoms related to peripheral nerve impingement. The clinical documentation does support that the patient does have physical findings consistent with the diagnosis. However, as it has already been determined that the patient should undergo surgical intervention, the necessity of additional diagnostic testing is not clearly identified. As such, the requested EMG/NCV for the upper extremities is not medically necessary or appropriate..