

Case Number:	CM13-0033342		
Date Assigned:	01/24/2014	Date of Injury:	09/26/2011
Decision Date:	04/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 54 year-old female with a 9/26/2011 industrial injury claim. She has been diagnosed with s/p endoscopic carpal tunnel release and tenovagotomy of the right middle finger with improvement. According to the 9/5/13 report from [REDACTED], the patient presents with persistent numbness and tingling in the ulnar nerve distribution of both hands. On exam there is slight clawing of the ulnar 2 digits of the left hand, decreased sensation on the 4th and 5th digits bilaterally. [REDACTED] requests electrodiagnostic studies of upper extremities, and on 9/24/13 UR denied the studies for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV RIGHT UPPER EXTREMITY: Overturned

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): 260-262.

Decision rationale: According to the 9/5/13 report included in the medical records provided for review, the patient presents with persistent numbness and tingling in the ulnar nerve distribution

of both hands. On exam there is slight clawing of the ulnar 2 digits of the left hand, decreased sensation on the 4th and 5th digits bilaterally. The patient does have subjective and objective findings on the right hand for ulnar neuropathy. The request for NCV/EMG of the right upper extremity is in accordance with ACOEM Guidelines and is medically necessary and appropriate.