MAXIMUS Federal Services

Case Number:	CM13-0033479		
Date Assigned:	12/06/2013	Date of Injury:	01/25/2013
Decision Date:	06/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopedic 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 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 51 year old female with a reported injury date on 01/25/2013; the mechanism of injury was not provided. The clinical note date 09/16/2013 noted that the injured worker had complaints that included pain to the left wrist, hand and thumb. It was noted that injured worker wears a brace for support. Objective findings included range of motion measured at 45 degrees dorsiflexion, 45 degrees volar flexion, 20 degrees radial deviation, and 30 degrees ulnar deviation. It was noted that the injured worker had been attending physical therapy for unknown duration of time. The request for authorization was not provided in the available clinical paperwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NCV) TESTING FOR THE LEFT UPPER EXTREMITY: 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): 258-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter, Electrodiagnostic Studies.

Decision rationale: It was noted that the injured worker had complaints that included pain to the left wrist, hand and thumb. Objective findings noted decreased range of motion to the left wrist. American College of Occupational and Environmental Medicine Guidelines state appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. ODG recommended electrodiagnostic studies as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Additionally, the guidelines recommend electrodiagnostic studies in patients with clinical signs of CTS. These signs included documented evidence of paresthesia or pain in at least 2 of the first 4 digits in association with symptoms that become worse at night or on awakening or other signs such as Tinel's, Phalen's, or Reversed Phalen's. There is no documented significant symptomatology to suggest that an electrodiagnostic study would be necessary. Additionally it remains unclear if the injured worker has received adequate conservative care. As such, this request is not medically necessary.