

Case Number:	CM13-0040722		
Date Assigned:	12/20/2013	Date of Injury:	10/04/2012
Decision Date:	02/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation 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 45 year-old female sustained a cumulative trauma injury to the bilateral upper extremity on 10/4/12 while employed by [REDACTED]. Diagnoses have included bilateral CTS, Bilateral wrist tendonitis from overuse, Left wrist deQuervain's tenosynovitis, Left elbow lateral epicondylitis; and left shoulder/arm pain. EMG/NCV report of 7/22/13 revealed carpal tunnel syndrome, left greater than right. Per report from [REDACTED], dated 9/23/13, the patient complained of pain in both wrists, radiating to forearms with left side, travelling to shoulder. Conservative treatment has included 14 sessions of physical therapy and eight sessions of acupuncture which offered temporary relief. Range of motion is within normal limits; Neer's test is negative; 5/5 motor strength at rotator cuff; 4 ("mild weakness") left bicep/triceps; positive Phalen's & Tinel's at wrist with weak thumb abduction. The patient complained of numbness and tingling including nocturnal paresthesia. Diagnoses were Tenosynovitis of hand/wrist with treatment request for EMG/NCS of Right/Left upper extremity/wrist. Report of 9/23/13 noted wrist pain of 7/10, radiating to forearms with difficulty grasping and reaching with unchanged physical exam findings. Request for repeat electrodiagnostic studies was non-certified by [REDACTED] on 10/15/13, citing guidelines criteria and medical presentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for left upper extremity wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 45 year-old female sustained a cumulative trauma injury to the bilateral upper extremity on 10/4/12 while employed by [REDACTED]. Diagnoses have included bilateral CTS, Bilateral wrist tendonitis from overuse, Left wrist deQuervain's tenosynovitis, Left elbow lateral epicondylitis; and left shoulder/arm pain. EMG/NCV report of 7/22/13 revealed carpal tunnel syndrome, left greater than right. The patient continues with chronic bilateral upper extremity pain complaints with numbness and tingling. Symptoms and clinical examinations have remained unchanged and she continues to treat with [REDACTED] per report of 9/23/13 with request for EMG & NCV of the Left & Right upper wrist which were non-certified on 10/15/13, citing guidelines criteria and lack of indication to repeat the electrodiagnostic studies. Per MTUS Guidelines, without specific change in symptoms or neurological compromise consistent with neuropathy already identified on previous EMG/NCS done just months prior, submitted reports have not demonstrated the indication to support for a repeat of the electrodiagnostic studies. The EMG for left upper extremity wrist, EMG for right upper extremity wrist, NCS for right upper extremity wrist, NCS for Left upper extremity wrist are not medically necessary and appropriate.

NCS for right upper extremity wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

NCS for Left upper extremity wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-178.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EMG for right upper extremity wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.