

Case Number:	CM13-0045863		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2012
Decision Date:	03/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 45-year-old female who reported an injury on January 23, 2012. The mechanism of injury was noted to be a fall. Her diagnoses include left wrist pain with ulnar nerve neuropathy. The patient's symptoms included left wrist pain and her physical examination findings included tenderness over the dorsum of the distal radial ulnar joint, pain on pronation and supination of the wrist, and a palpable Tinel's sign. The patient had decreased sensation over the C5-6 and C7-8 dermatomes. The patient had previous positive EMG/NCV studies to the upper extremity, indicating carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, and hand, Electrodiagnostic studies (EDS).

Decision rationale: According to the ACOEM Guidelines, special studies are not needed for patients with hand and wrist problems until after a 4 to 6 week period of conservative care and observation. Following failure of conservative care and observation, the guidelines state that electrical studies may be indicated in cases of peripheral nerve impingement. More specifically, the Official Disability Guidelines indicate that electrodiagnostic studies may be recommended as an option after closed fractures of the distal radius and ulna if necessary to assess nerve injury. The guidelines further state that electrodiagnostic testing should include NCV studies, and possibly the addition of EMG. The clinical information submitted for review indicates that the patient reports left wrist pain as well as positive physical examination findings of the left wrist. However, there was no documentation of subjective or objective findings related to the right upper extremity. Additionally, it was noted that the patient had previous EMG/NCV studies; however, these studies were not provided for review and the results are unknown. Moreover, the clinical information did not include evidence of an adequate course of conservative care for the left wrist including at least 4 to 6 weeks of physical therapy, exercises, and/or medications. In the absence of documentation of the failure of 4 to 6 weeks of conservative care and observation, further details regarding the patient's previous electrodiagnostic studies, and subjective and/or objective findings related to the right upper extremity, the request is not supported. As such, the request is non-certified.