MAXIMUS Federal Services

Case Number:	CM13-0050052		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2012
Decision Date:	02/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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, 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 30 year-old male who was injured on 9/17/12 after carrying 80-lbs boxes of cabbage. He underwent right shoulder acromioplasty and distal clavicle excision on 2/20/13 with [redacted] but was not happy with the outcome. He was sent for a 2nd opinion consult with [redacted] first evaluated the patient on 9/5/13. For this IMR, I have been provided records from 1/23/13 through 12/24/13, and the 10/3/13 report from [redacted] first mentions numbness in the left hand. The patient told [redacted] that this was part of the work comp case but it has not improved at all. The IMR application shows a dispute with the 10/15/13 UR denial for a consultation and EMG/NCV study. The 10/15/13 UR letter was from [redacted] and was based on the 10/3/13 and 10/9/13 reports from [redacted]

IMR ISSUES, DECISIONS AND RATIONALES

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

consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The available medical reports do not mention a consultation. There is no description of what type of consultation is being requested. The UR denial letter does not indicate what kind of consultation they are denying. The medical records provided for review do not clearly indicate what type of consultation is needed. Therefore, the requested consultation is not medically necessary and appropriate.

EMG/NCV studies to the left wrist and hand: 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: On 10/3/13, the physician noted complaints of numbness in the left hand, worse at night. There was normal motion at the wrist and elbow, but positive Phalen's. CTS was suspected and electrodiagnostic studies were requested. MTUS/ACOEM states: "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" . The request appears to be consistent with MTUS/ACOEM guidelines.