

Case Number:	CM13-0058984		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2013
Decision Date:	06/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 patient is a 37 year old male who reported an injury to his right upper extremity. The clinical note dated 10/15/13 indicates the patient stating that no inciting injury took place. However, the patient works as a chef which requires the patient to be flipping meat as well as dicing and slicing. The patient had complaints of right hand pain along with numbness. The patient also stated the hand periodically locks up on him. The patient's past surgical history is significant for a laceration repair and tendon surgery on the left hand. The patient has also had an appendectomy. The note indicates the patient utilizing Ibuprofen and Norco at that time for pain relief. The therapy note dated 11/13/13 indicates the patient having completed 6 physical therapy sessions to date. The clinical note dated 12/05/13 indicates the patient stated that while he had been grilling over 100 pieces of chicken and steak he lost feeling in his right hand and was unable to no longer grip tongs. The patient was subsequently diagnosed with carpal tunnel. The note indicates the patient having complaints of tingling, numbness, and weakness in the right hand. The patient rated the pain as 3-8/10. The patient also described the pain as a sharp, cramping, shooting, and electric type sensation with pins and needles. Upon exam, the patient demonstrated 4+/5 strength with the right grip. The lab studies completed on 12/10/13 resulted in findings consistent without the use of Tramadol. The patient has been prescribed the use of Tramadol in the past. The electrodiagnostic studies completed on 12/16/13 revealed findings consistent with a right sided median sensory latency. The findings were consistent with a cervical radiculopathy involving the C5 and C6 distributions. The patient also showed evidence of a right median sensory neuropathy at or around the wrist correlating with mild right carpal tunnel syndrome. The clinical note dated 01/15/14 indicates the patient continuing with right wrist pain. The patient was advised to discontinue with the use of Norco at that time. The clinical note dated 02/24/14 indicates the patient continuing with right wrist and hand pain with

radiating pain into the right arm. The patient rated the pain as 3-8/10. The patient was recommended for another EMG/NCS study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO ORTHOPEDIC SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTANTS, 503

Decision rationale: The documentation indicates the patient complaining of ongoing right wrist and hand pain with associated numbness and tingling. The consultations are indicated in order to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability for patients with ongoing functional deficits. The clinical notes indicate the patient having previously been diagnosed with carpal tunnel syndrome. Additionally, the previous electrodiagnostic studies confirm the presence of carpal tunnel findings. The patient has undergone a significant amount of conservative treatments. Therefore, it is unclear as to the need for an additional consultation at this time.

EMG (ELECTROMYOGRAPHY) FOR BILATERAL UPPER EXTREMITIES.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) as well as Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , NECK AND UPPER BACK COMPLAINTS, 178

Decision rationale: The documentation indicates the patient having previously undergone electrodiagnostic studies confirming the presence of carpal tunnel syndrome. No information was submitted regarding the patient's progressive functional deficits. Therefore, the medical need for additional electrodiagnostic studies has not been provided in the documentation. Therefore, the request is not indicated as medically necessary.

NCS (NERVE CONDUCTION STUDIES) FOR BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , NECK AND UPPER BACK COMPLAINTS, 178

Decision rationale: The documentation indicates the patient having previously undergone electrodiagnostic studies confirming the presence of carpal tunnel syndrome. No information was submitted regarding the patient's progressive functional deficits. Therefore, the medical need for additional electrodiagnostic studies has not been provided in the documentation. Therefore, the request is not indicated as medically necessary.