MAXIMUS Federal Services

Case Number:	CM13-0062477		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2013
Decision Date:	04/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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, 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 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 32-year-old female who was injured on 05/24/2013 with industrial related injury and an unknown mechanism of injury. Prior treatment history has included physical therapy twice a week for four weeks, home care, splinting, ergonomic rest, and Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S. There were no diagnostic studies for review. Clinic note dated 08/20/2013 indicated the patient was seen in the office for right hand and wrist pain since May 2013 that has not improved with conservative treatment. Clinic note dated 09/12/2013 indicated the patient has attended 12 physical therapy treatments for her bilateral wrist injury. The patient reported symptoms as intermittent ache 4/10 right and 5/10 on the left, over the medial carpal tunnel region, often radiating proximally to the mid medial forearm after long days on the computer and after driving long distances. The symptoms seem to decrease on light days where she has more meetings and over weekends. She feels physical therapy has helped decrease the intensity of her symptoms and helped her learn proper typing mechanics, posture. Final Determination Letter for IMR Case Number CM13-0062477 3 Clinic note dated 09/13/2013 indicated the patient was in for a follow up for her work injury. Her electrodiagnostic testing was normal. Clinic note dated 10/08/2013 indicated the patient was in follow up for her work injury. She is still having hand and arm pain on both sides and wearing the braces. Objective findings on neurological exam included her mental status was normal; cranial nerves exam was normal; motor exam was normal; reflexes were symmetric; sensory examination still revealed a combination of hyperpathia. Her gait exam was normal and coordination was normal. The patient was diagnosed with brachial neuritis and repetitive motion syndrome. Clinic note dated 11/06/2013 indicated the patient was in for follow up for her work injury to her rms. Unfortunately, the physical therapy was not helping and now she has new symptoms. Objective findings on neurological exam included her mental status was normal; cranial nerves exam was

normal; motor exam was normal; reflexes were symmetric; sensory examination with diminished touch in a bilateral median and bilateral ulnar distribution. Her gait exam was normal and coordination was normal. The patient had new findings upon exam which were suggestive of entrapment neuropathy, since she was not responding to conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCS BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM), 2ndEdition Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation ACOEM), 2ndEdition, (2004) Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: According to the clinic noted dated 09/13/2013, the patient had previously undergone electrodiagnostic testing, which was negative for any abnormal findings. A copy of the study was not provided for review. Although it is noted that examination on 11/16/13 noted slight diminished soft touch in a bilateral median and bilateral ulnar distribution, the medical records do not establish failure to respond to bracing, Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, and activity modification. There is no mention of interval repeat injury. Therefore, the medical necessity of Electromyography (EMG)/Nerve Conduction Study (NCS) of bilateral upper extremity has not been established. EMG/NCS is non-certified.