

Case Number:	CM13-0068301		
Date Assigned:	01/03/2014	Date of Injury:	06/15/2011
Decision Date:	03/28/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine and is licensed to practice in New York. 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 year old female office worker with a date of injury on 06/15/2011. In 2011 she had upper hand and wrist numbness, tingling and weakness and had EMG/NCS. She was evaluated by a hand specialist. On 09/23/2011 the EMG/NCS of both upper extremities were normal. On 12/19/2012 her sensory and motor exam was normal. On 04/24/2013 and on 06/19/2013 her motor and sensory exam was normal. On 10/23/2013 the wrist range of motion was normal. There was tenderness over the scaphoid or lunate carpal bones bilaterally. Phalen's test was positive bilaterally and Tinel's test was negative bilaterally. Wrist and finger strength was normal. There was sensory loss in the median nerve distribution. X-rays of hands and wrists were normal. The MRIs of the cervical spine and wrist were requested as were EMG/NCS of both upper extremities. It has been noted several times that she was not a surgical candidate. On 12/03/2013 there was a request for bilateral upper extremity EMG/NCS. The request was denied on 12/05/2013 because there was a recent EMG/NCS that was done on 11/11/2013 that was normal. There was no change in the clinical findings since the study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BUE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Campbell's Operative Orthopedics

Decision rationale: The patient has had numerous evaluations by an orthopedist and was not a surgical candidate. She had a normal EMG/NCS of both upper extremities on 09/23/2011 and on 11/11/2013. There is no indication for a repeat EMG/NCS in 12/2013.