MAXIMUS Federal Services

Case Number:	CM14-0004298		
Date Assigned:	02/05/2014	Date of Injury:	01/27/2011
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 28-year-old female who reported an injury on 01/27/2011. The mechanism of injury is documented as usual and customary job duties as a customer loan specialist. In a progress report dated 02/18/2014, it was noted that the injured worker complained of bilateral hand and wrist discomfort. The injured worker described this discomfort as frequent, occasional, sharp, dull aching pain in her bilateral hands and wrists. She rated her pain at 7 to 8 on a scale of 1 to 10. The injured worker also commented that repetitive work, writing, and cleaning aggravated this pain. The injured worker indicated that the pain was alleviated by massage, rest, ice and heat, along with medications. The injured worker indicated that she experienced numbness and tingling in her hands and fingers. She also indicated that activities of daily living where painful and difficult to perform including grasping, lifting, writing, typing, and driving. The injured worker also stated that her tingling and numbness have increased since her last clinical visit. The physical examination indicated pertinent review of body systems was normal. Wrist range of motion was normal and there was no swelling or tenderness about the wrist. The injured worker had no pain over the first, second, or third extensor compartments or in the area of intersection syndrome. There was no pain, crepitus, or hypermobility with the manipulation of the distal radioulnar joint. The injured worker had no tenderness over the triangular fibrocartilage and no pain with forced ulnar deviation of the wrist. The remaining pages of the progress report dated 02/18/2014 were not submitted with the documents for this review. The physician's progress report dated 02/14/2013 indicates the diagnoses' of sprain or strain, tendonitis, strain of the arm or forearm. The treatment plan on that date of service was to continue with a smart glove, continue with a home exercise program, see an acupuncturist for 6 visits, and return to work with full duty. The request for authorization for medical treatment was not in the documentation submitted for this review. A rationale for the

request of an electromyography for left upper extremity and electromyography for right upper extremity was not included in the documents for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, PAGES 268-269

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for an EMG for the left upper extremity is non-certified. The CA MTUS/American College of Occupational and Environmental Medicine indicates that an electromyography is indicated for carpal tunnel syndrome. According to the medical documents submitted with this review, a progress report dated 02/18/2014 does not provide adequate evidence that the injured worker has carpel tunnel syndrome nor does it provide a diagnosis. Also, in the progress report dated 02/18/2014, the injured worker reports that discomfort is alleviated by massage, rest, ice and heat, and medications. The physical examination on that date indicates that the wrist range of motion is normal and there are no objective findings to indicate carpal tunnel syndrome. Therefore, the request for EMG for the left upper extremity is non-certified.

EMG FOR RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11, PAGES 268-269

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for an EMG for the right upper extremity is non-certified. The CA MTUS/American College of Occupational and Environmental Medicine indicates that an electromyography is indicated for carpal tunnel syndrome. According to the medical documents submitted with this review, a progress report dated 02/18/2014 does not provide adequate evidence that the injured worker has carpal tunnel syndrome nor does it provide a diagnosis. Also, in the progress report dated 02/18/2014, the injured worker reports that discomfort is alleviated by massage, rest, ice and heat, and medications. The physical examination on that date indicates that the wrist range of motion is normal and there are no objective findings to indicate carpal tunnel syndrome. Therefore, the request for EMG for the right upper extremity is non-certified.