

Case Number:	CM14-0008929		
Date Assigned:	02/14/2014	Date of Injury:	04/29/2011
Decision Date:	08/05/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 41 year old female who reported an injury to her right shoulder and upper extremity on 4/29/11. A clinical note dated 07/17/13 indicated the injured worker having significant past surgical history involving rotator cuff repair on the right and right sided carpal tunnel release. The injured worker had complaints of low back pain. The injured worker completed 35 physical therapy sessions addressing the right upper extremity. A clinical note dated 08/20/13 indicated she developed symptoms associated with left carpal tunnel syndrome on the left. The injured worker was recommended for left wrist splint. A clinical note dated 10/09/13 indicated the injured worker had positive findings of Tinel and Phalen. Tenderness continued over the acromioclavicular joint. The injured worker was recommended for a splint at night. A clinical note dated 10/11/13 indicated the injured worker complaining of numbness and weakness in the right wrist and forearm, and that she was dropping objects continuously. A clinical note dated 11/18/13 indicated the symptoms affecting activities of daily living. The injured worker reported headaches which were worsening with increasing level of stress. A clinical note dated 12/06/13 indicated the injured worker previously undergoing electrodiagnostic studies in 2011. The injured worker was recommended for bilateral upper extremities electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The clinical documentation indicates the injured worker complaining of numbness and tingling in the upper extremities. Electrodiagnostic studies are indicated for injured workers who have continued symptoms following a full course of conservative treatment. There is information indicating that the injured worker has undergone physical therapy. However, no therapy notes were submitted confirming the focus of the therapy on the wrists to address carpal tunnel complaints. Given that no information was submitted confirming a full course of conservative treatment addressing the bilateral upper extremities, this request is not indicated as medically necessary.

NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The clinical documentation indicates the injured worker complaining of numbness and tingling in the upper extremities. Electrodiagnostic studies are indicated for injured workers who have continued symptoms following a full course of conservative treatment. There is information indicating that the injured worker has undergone physical therapy. However, no therapy notes were submitted confirming the focus of the therapy on the wrists to address carpal tunnel complaints. Given that no information was submitted confirming a full course of conservative treatment addressing the bilateral upper extremities, this request is not indicated as medically necessary.