

Case Number:	CM14-0011348		
Date Assigned:	02/21/2014	Date of Injury:	06/18/2010
Decision Date:	06/25/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/28/2014

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 Orthopedic Surgery, and is licensed to practice in Maryland. 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 39 year old female who sustained an injury to her right arm on 06/08/10. The injured worker is reported to be working five hours a day, five days a week. The injured worker reported that she had been working the express line where she cashiered and bagged at her station when she began to develop symptoms of right arm pain. She continued to improve, but has intermittent sharp pain in a burning sensation all over her right elbow. Physical examination noted range of motion essentially normal. She was diagnosed with right elbow lateral/medial epicondylitis, radial tunnel syndrome. The records indicate that the injured worker is status post right wrist carpal tunnel release and right elbow ulnar nerve transposition dated 02/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEMMES-WEINSTEIN MONOFILAMENT TESTING OF RIGHT UPPER EXTREMITY: 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 Official Disability Guidelines (ODG) Carpal tunnel syndrome chapter, Semmes-Weinstein monofilament test

Decision rationale: The previous request was denied on the basis that that the injured worker already had an EMG/NCV confirming the diagnosis of carpal tunnel syndrome and ulnar neuropathy. Additional testing would be confirmatory in nature and thus not considered medically necessary. The ODG states that this modality is used as a diagnostic test for carpal tunnel syndrome. Several traditional findings of carpal tunnel syndrome have limited specific diagnostic value. There is a broad range sensitivity in the various tests for carpal tunnel syndrome, depending on the patient population. Given that the injured worker has already been diagnosed with EMG/NCV findings indicative of an active radiculopathy in the right upper extremity, further testing is not indicated as medically necessary and appropriate.