

Case Number:	CM14-0014280		
Date Assigned:	02/26/2014	Date of Injury:	09/15/2013
Decision Date:	08/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/04/2014

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 sustained an injury to her right wrist on 09/15/13 while performing heavy work and mopping. Plain radiographs were unremarkable. Treatment to date has included medication management. Physical examination of the right hand/wrist noted some soreness in the thenar muscle which she points to or grabs; there was no actual swelling, induration or mass upon palpation; range of motion normal; grip strength right 12, left 42; pinch 4/10. Right wrist range of motion was unrestricted and painless. Phalen's is positive in the right hand; negative Tinel's, other than severe pain; at the site of the Tinel's, proximal median nerve examination compression testing negative; ulnar nerve testing at Guyon's canal and cubital tunnel negative; radial nerve testing negative. The injured worker was diagnosed with right wrist tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand chapter, Electrodiagnostic studies (EDS).

Decision rationale: There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The Official Disability Guidelines states that electrodiagnostic studies are recommended as an option after closed fractures of the distal radius and ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV) and possibly the addition of electromyography (EMG). There was no indication of any fracture or dislocation per plain radiographs and there was no indication that the injured worker has undergone magnetic resonance image of the right hand/wrist. Given the clinical documentation submitted for review, the request for EMG (electromyography) of the right upper extremity is not medically necessary.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand chapter, Electrodiagnostic studies (EDS).

Decision rationale: There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The Official Disability Guidelines states that electrodiagnostic studies are recommended as an option after closed fractures of the distal radius and ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV) and possibly the addition of electromyography (EMG). There was no indication of any fracture or dislocation per plain radiographs and there was no indication that the injured worker has undergone magnetic resonance image of the right hand/wrist. Given the clinical documentation submitted for review, the request for NCV (nerve conduction velocity) of the right upper extremity is not medically necessary.