

Case Number:	CM14-0016304		
Date Assigned:	03/05/2014	Date of Injury:	12/31/2013
Decision Date:	09/12/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family 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:

This is a 45 year old female who reported an industrial injury on 12/31/2013 eight (8) months ago, attributed to the performance of her customary job tasks. The patient has received conservative treatment including Physical Therapy; Mediations, Work Restrictions, Splinting; and HEP. The patient complained of left wrist pain. The patient is performing modified work. The diagnosis was a Left Wrist Sprain/Strain. The objective findings were limited to a positive Tinel's sign. The treatment plan included an EMG/NCS of the LUE.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261, 303, 301, 298, 48, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal tunnel syndrome--EDS.

Decision rationale: The patient was requested to have an EMG of the left upper extremity directed to the diagnosis of left wrist strain. There is no documentation of any neurological deficits to the LUE. There were no noted neurological deficits to the LUE in addition to the sprain/strain. The objective findings on examination as documented were limited to the tenderness with palpation and no demonstrated neurological deficits to the LUE. There were no complaints to the LUE other than subjective complaints and there were no documented objective findings to the LUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of electrodiagnostic studies of the LUE for an evaluation of a nerve compression neuropathy or radiculopathy. The EMG of the LUE was ordered as a screening test. The request for the authorization of the EMG of the left upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the LUE in relation to the DOI. Therefore, the request is not medically necessary.

NCS OF THE LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261, 303, 301, 298, 48, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-- electromyography; Carpal tunnel syndrome--EDS.

Decision rationale: The patient was requested to have an NCS of the left upper extremity directed to the diagnosis of left wrist strain. There is no documentation of any neurological deficits to the LUE. There were no noted neurological deficits to the LUE in addition to the sprain/strain. The objective findings on examination as documented were limited to the tenderness with palpation and no demonstrated neurological deficits to the LUE. There were no complaints to the LUE other than subjective complaints and there were no documented objective findings to the LUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of electrodiagnostic studies of the LUE for an evaluation of a nerve compression neuropathy or radiculopathy. The NCS of the LUE was ordered as a screening test. The request for the authorization of the NCS of the left upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the LUE in relation to the DOI. Therefore, the request is not medically necessary.