

Case Number:	CM14-0016754		
Date Assigned:	04/11/2014	Date of Injury:	01/06/2012
Decision Date:	05/28/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 Physician 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 54-year-old female who reported an injury on 01/06/2012. The mechanism of injury involved a fall. Current diagnoses include status post right distal radius and ulnar fracture, right wrist scapholunate ligament partial tear, and possible persistent right carpal tunnel syndrome. The injured worker was evaluated on 10/07/2013. The injured worker reported persistent right wrist pain with associated weakness. The injured worker is status post right endoscopic carpal tunnel release on 03/08/2013. Physical examination revealed a well healed incision, compromised grip strength, and positive Phalen's and Tinel's testing. It is noted that the injured worker underwent an EMG/NCV study on 07/26/2013 which indicated evidence of carpal tunnel syndrome affecting the sensorimotor fibers. Treatment recommendations at that time included a neurological consultation with a repeat NCV/EMG study.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG NERVE CONDUCTION STUDY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal, neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. According to the documentation submitted, the injured worker has undergone an EMG/nerve conduction study on 07/26/2013. There is no documentation of a progression or worsening of symptoms or physical examination findings that would warrant the need for an additional study. The specific body part was also not listed in the current request. As such, the request is non-certified.