

Case Number:	CM14-0121052		
Date Assigned:	08/06/2014	Date of Injury:	04/16/2012
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 Internal Medicine, Pulmonary Diseases, 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 45-year-old female who reported an injury on 04/16/2012. The mechanism of injury was not provided for clinical review. The diagnoses included right wrist de Quervain's tenosynovitis. The previous treatments included medication and cortisone injections. Within the clinical note 07/08/2014 it was reported the injured worker complained of persistent pain in her right wrist. She rated her pain 7/10 in severity. The injured worker reported pain worsens with activity. Upon the physical examination the provider noted the right wrist revealed decreased sensation over the medial and ulnar aspects with weak grip strengths at 4/5 and tenderness over the metacarpal joint space. The provider requested an EMG/NCV of the bilateral upper extremities to rule out carpal tunnel syndrome and cubital tunnel syndrome to left wrist and a follow-up after the studies. Request for Authorization was submitted and dated on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electromyography of the bilateral upper extremities (to be scheduled by One Call Care Diagnostics): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The ACOEM Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The Guidelines also note for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of clinical documentation indicating the injured worker had tried and failed on at least 4 to 6 weeks of conservative therapy. Therefore, the request is not medically necessary.

1 nerve conduction study of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The ACOEM Guidelines note for most patients with true hand and wrist problems, special studies are not made until after 4 to 6 week period of conservative care and observation. Patients improve quickly, provided that red flag conditions are ruled out. Routine use of nerve conduction studies in a diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the injured worker had tried and failed on at least 4 to 6 weeks of conservative therapy.

1 follow-up visit to re-evaluate after testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic)

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.