MAXIMUS Federal Services

Case Number:	CM14-0122837		
Date Assigned:	08/08/2014	Date of Injury:	03/28/2014
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 presented with a 03/28/2014 date of injury. The 7/3/14 note indicates pain in the right forearm and the insured has modified duty and wearing nocturnal wrist splint. Examination notes there is positive Tinel's over the ulnar gutter down forearm to wrist. There is no swelling or deformity. There is full range of motion with mild pain around wrist with deviation. There is negative Tinel's, phalen's, and finkelstein test of right wrist. The assessment was right forearm tendonitis, wirst tendonitis, and ulnar nerve pain. 7/3/14 PR-2 notes pain in the wrist since 3/28/14. Medications were listed as tramadol, naproxen, and phentermine. 4/4/14 note indicates pain increasing in the right hand and wrist. There was report of difficulty sleeping at night due to pain. Examination noted 1+ swelling in the right forearm and positive tinel over ulnar gutter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, EMG.

Decision rationale: The medical records provided for review report pain being treated symptomatically but does not document physical findings of sensory, reflex, or motor changes. There is no documentation indicating plan or consideration for surgery. As such EMG is not supported under the Official Disability Guidelines (ODG). ODG supports EMG is recommended in patients with clinical signs of CTS who may be candidates for surgery. Therefore, the request for Electromyography (EMG) bilateral upper extremities is not medically necessary and appropriate.

Nerve conduction study (NCS) bilateral upper extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist, nerve conduction studies.

Decision rationale: The medical records provided for review report pain being treated symptomatically but does not document physical findings of sensory, reflex, or motor changes. There is no documentation indicating plan or consideration for surgery. As such NCV is not supported under the Official Disability Guidelines (ODG). ODG supports NCV is recommended in patients with clinical signs of CTS who may be candidates for surgery. Therefore, the request for Nerve conduction study (NCS) of the bilateral upper extremity is not medically necessary and appropriate.