

Case Number:	CM14-0127352		
Date Assigned:	08/15/2014	Date of Injury:	07/22/2013
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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 patient is a 52 year old female who sustained an injury on 07/22/2013. The mechanism of injury is unknown. Diagnostic studies reviewed include Electromyography/Nerve Conduction Velocity (EMG/NCV) dated 02/28/2014. Upper extremities revealed a normal study of the bilateral upper extremities; normal EMG. NCV revealed evidence suggestive of a left severe median nerve neuropathy affecting both motor and sensory fibers. This is consistent with the left severe carpal tunnel syndrome. There is also evidence of suggestive of moderate right median nerve neuropathy affecting both motor and sensory fibers consistent with a moderate right carpal tunnel syndrome. Consult note dated 07/17/2014 states the patient presented with complaints of right thumb/hand pain rated as 6/10 and Left wrist pain rated as 3/10. He also has right elbow pain rated as 5/10. On exam, there is tenderness over A1 pulley on the right and triggering right thumb is present. There is tenderness over the first dorsal compartment. Jamar on the right is 0, 5, and 0. He is diagnosed with right thumb stenosis tenosynovitis, rule out compression neuropathy; rule out carpal tunnel syndrome/cubital tunnel syndrome. The patient has been recommended for EMG/NCV of the bilateral upper extremities. Prior utilization review dated 07/30/2014 states the requests for MRI of the right ankle and EMG/NCV of the bilateral upper extremities are "denied as there is a lack of documented evidence to support the request."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Ankle & Foot, Indications for imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, MRI.

Decision rationale: According to MTUS guidelines, ankle MRI may be helpful to clarify diagnoses in cases of delayed recovery. According to ODG guidelines, ankle MRI is recommended for chronic ankle pain of uncertain etiology with normal plain films. In this case, a request is made for ankle MRI for a 52-year-old female injured on 7/22/13 with chronic right ankle pain. Medical necessity is established. The request for Magnetic Resonance Imaging (MRI) of the Right Ankle is not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Nerve Conduction Studies.

Decision rationale: According to MTUS and ODG guidelines, upper extremity EMG/NCV may be warranted for the evaluation of suspected cervical radiculopathy or nerve entrapment. This is a request for bilateral upper extremity EMG/NCV for a 52-year-old female injured on 7/22/13 with chronic pain and upper extremity complaints. However, the patient already had bilateral upper extremity EMG/NCV on 2/28/14 which showed moderate to severe bilateral carpal tunnel syndrome only. History and examination findings do not demonstrate interval change or clearly suggest cervical radiculopathy. Specific suspected diagnosis is not discussed. Examination findings are inconsistent between providers. Medical necessity is not established. The request for Electromyography/Nerve Conduction Velocity is not medically necessary.