

Case Number:	CM14-0153572		
Date Assigned:	09/23/2014	Date of Injury:	05/22/2008
Decision Date:	10/30/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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 Emergency 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 injured worker is a 53 year-old male, who sustained an injury on May 22, 2008. The mechanism of injury occurred while lifting a package. Diagnostics have included: June 20, 2008 EMG/NCV reported as showing mild right carpal tunnel syndrome, wrist brace. Treatments have included: right wrist arthroscopy with synovectomy July 27, 2009. The current diagnoses are: right wrist arthralgia, s/p right wrist surgery, pearly stage SLAC wrist arthrosis. The stated purpose of the request for EMG/NCS of the right median and ulnar wrist and elbow was due to the fact that the most recent EMG/NCV is four years old. The request for EMG/NCS of the right median and ulnar wrist and elbow was denied on August 23, 2014, citing a lack of documentation of a current trial of physical therapy. Per the report dated August 7, 2014, the treating physician noted complaints of pain and weakness to the right wrist. Exam shows a positive Watson test, pain with right wrist extremes of motion, right scapholunate tenderness, equivocal Tinel sign at the right cubital tunnel, positive right Phalen test at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the right median and ulnar wrist and elbow: Upheld

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

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

Decision rationale: The requested EMG/NCS of the right median and ulnar wrist and elbow is not medically necessary. CA MTUS ACOEM 2nd edition, 2004, Chapter 11 - Forearm, Wrist, Hand Complaints; Special Studies and Diagnostic and Treatment Considerations, pages 268-269, recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials that are in need of clinical clarification. The injured worker has pain and weakness to the right wrist. The treating physician has documented positive Watson test, pain with right wrist extremes of motion, right scapholunate tenderness, equivocal Tinel sign at the right cubital tunnel, positive right Phalen test at the wrist. However, the treating physician has not documented current/recent physical therapy trials. The criteria noted above not having been met, EMG/NCS of the right median and ulnar wrist and elbow is not medically necessary.