

Case Number:	CM14-0158006		
Date Assigned:	10/01/2014	Date of Injury:	08/09/2013
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Utah. 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 54 year-old male. The patient's date of injury is 8/9/2013. The mechanism of injury was being punctured/laceration while washing dishes. The patient has been diagnosed with carpal tunnel syndrome, left upper extremity neuropathy, left wrist pain, muscles atrophy and muscle spasms. The patient's treatments have included acupuncture, and hot/cold packs, and medications. The physical exam findings dated July 8, 2014 show the Left shoulder with tenderness over the upper trapezius muscle. Left Elbow, with strength of 2+/5. The Left wrist/hand shows no tenderness to palpation, with strength of 1+/5, positive carpal Tinel's and Phalen's test. The patient's medications have included, but are not limited to, Gabapentin, Cyclobenzaprine, Naproxen. The request is for imaging and NCS of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Left Wrist and Left Hand: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for X-Ray Left Wrist and Left Hand. The patient is not noted with clinical evidence of a fracture. The patient continues to have pain. Guidelines state imaging studies to clarify the diagnosis may be warranted. An Xray is indicated as a medical necessity to the patient at this time.

MRI Left Wrist and Left Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the left hand and wrist. According to guidelines the need for an MRI would depend on the x-rays results. There is no acute indication for an MRI at this time. An MRI is not indicated as a medical necessity to the patient at this time.

EMG of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is for EMG of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. There is lack of clinical documentation that states the patient has a neurological deficiency. There is no instability noted. There is only a diagnosis given of left upper extremity neuropathy. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. There is no clinical documentation evidence for indication of EMG testing; The EMG is not indicated as a medical necessity at this time.

NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-273.

Decision rationale: The current request is for NCS of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed.

There is lack of clinical documentation that states the patient has a neurological deficiency.
There is no instability noted. There is only a diagnosis given of left upper extremity neuropathy.
The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms.
There is no clinical documentation evidence for indication of NCS testing; The NCS is not indicated as a medical necessity at this time.