

Case Number:	CM14-0025532		
Date Assigned:	06/11/2014	Date of Injury:	11/01/2010
Decision Date:	11/24/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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:

6/3/13 note indicates right wrist pain. The insured had surgery to the right wrist in 3/2011. The insured notes he cannot push on any surface or dorsiflex the wrist. There is pain with ulnar deviation on exam. Watson test is negative. Grind test is negative. Finkelstein's test is negative. 1/10/14 note of persistent pain. Exam notes diminished motion with tenderness to palpation of the ulnar nerve at the elbow. The first dorsal interosseous strength is diminished. NCS is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NVR CNDJ TST 1-2 Studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS MTUS: ACOEM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity, NCS, Other Medical Treatment Guideline or Medical Evidence: Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

Decision rationale: ODG guidelines support NCS in association with EMG for diagnosis of upper extremity conditions with demonstrated neurologic deficit of weakness in order to differentiate peripheral nerve conditions versus root level lesions. The medical records report presence of weakness of hand muscles. In such case, ODG guidelines would not support NCS study in isolation (without EMG) as diagnostic yield of such study would be limited. As such, NCS study is not supported.