

Case Number:	CM14-0026660		
Date Assigned:	06/13/2014	Date of Injury:	09/25/2013
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 and is licensed to practice in Texas. 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 49 year old female who reported an injury to her neck and upper back. The therapy note dated 10/14/13 indicated the injured worker completing six physical therapy sessions to date. A clinical note dated 10/23/13 indicated the injured worker showing positive Tinel sign at the right median nerve. The injured worker also had positive Phalen sign at the right median nerve. A clinical note dated 12/02/13 indicated the injured worker complaining of right wrist and bilateral shoulder pain. Tenderness was identified throughout the shoulders. A clinical note dated 01/22/14 indicated the injured worker complaining of bilateral shoulder and right wrist pain. The injured worker stated that on 06/30/12 she had been twisting which resulted in a sharp pain at the right wrist. The injured worker also reported a burning sensation at the shoulders radiating into the arms that was rated as 7-8/10. The injured worker complained of weakness, numbness and tingling in the hands and fingers. Upon exam, the injured worker demonstrated 120 degrees of bilateral shoulder flexion, 30 degrees of extension, 120 degrees of abduction, 30 degrees of left shoulder adduction, and 30 degrees of internal rotation at the right shoulder. The injured worker was identified as having positive Neer, Hawkins, and Speed tests. Tenderness to palpation was identified at the TFCC complex. The injured worker showed tenderness at the trapezius, levators, rhomboids, and biceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY:

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): 177-178.

Decision rationale: The clinical documentation indicates the injured worker complaining of bilateral upper extremities pain. However, no imaging studies were submitted confirming any neurocompressive findings in the neck. There is an indication the injured worker has findings consistent with carpal tunnel syndrome on the right. However no information was submitted confirming findings on the left. Therefore, it is unclear if the injured worker would require studies on the left. Given this, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY: Overturned

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): 177-178.

Decision rationale: The clinical documentation indicates the injured worker complaining of bilateral upper extremities pain. There is an indication the injured worker has findings consistent with carpal tunnel syndrome on the right. Given this, the request is medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: 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): 177-178.

Decision rationale: The clinical documentation indicates the injured worker complaining of bilateral upper extremities pain. However, no imaging studies were submitted confirming any neurocompressive findings in the neck. There is an indication the injured worker has findings consistent with carpal tunnel syndrome on the right. However no information was submitted confirming findings on the left. Therefore, it is unclear if the injured worker would require studies on the left. Given this, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY: Overturned

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): 177-178.

Decision rationale: The clinical documentation indicates the injured worker complaining of bilateral upper extremities pain. There is an indication the injured worker has findings consistent with carpal tunnel syndrome on the right. Given this, the request is medically necessary.