

Case Number:	CM14-0031159		
Date Assigned:	06/20/2014	Date of Injury:	10/08/2013
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 43 year old female who was reportedly injured on October 8, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 19, 2014, indicated that there were ongoing complaints of bilateral hand/wrist pain with numbness and tingling as well as right shoulder pain. The physical examination demonstrated tenderness over the dorsal and distal ulnar regions of both wrists. There were diagnoses of bilateral carpal tunnel syndrome, rule out bilateral nerve entrapment neuropathy, rule out scapholunate ligament and triangular fibrocartilage tears. There was a request for an MRI of both wrists and electrodiagnostic (EMG/NCS) studies of the upper extremities. Wrist braces were continued. A request had been made for bilateral upper extremity electrodiagnostic (EMG/NCS) and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL UPPER EXTREMITIES EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) /Cubital Tunnel / tests.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome.

Decision rationale: According to the medical records provided for review, EMG testing was reported to be normal. The injured employee has also been approved for bilateral carpal tunnel surgery. Therefore, it is unclear why repeat a EMG is needed considering the recent test was just performed and there was no report of a change of the injured employee's symptoms. As such, the request is not medically necessary and appropriate.

BILATERAL UPPER EXTREMITIES NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cubital Tunnel /Tests.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome.

Decision rationale: According to the medical records provided, a previous bilateral upper extremity nerve conduction study was performed on December 2, 2013. The results of this test indicated moderate compression of the median nerve at the carpal tunnel of the right greater than left side. The injured employee has also been approved for bilateral carpal tunnel surgery. Therefore, it is unclear why repeat electrodiagnostic studies are needed considering the recent test was just performed and there was no report of a change of the injured employee's symptoms. This request is not medically necessary.