MAXIMUS Federal Services

Case Number:	CM14-0032135		
Date Assigned:	03/21/2014	Date of Injury:	12/05/2013
Decision Date:	06/30/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery 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 patient is a 50 year old female who reported an injury to her upper extremities. A review of the clinical documentation revealed no inciting injury. Clinical note dated 01/04/14 indicated the patient complaining of numbness in right hand. The patient also stated she was dropping objects. The patient complained of right elbow pain. The patient previously underwent cortisone injection at right elbow which provided some relief. The patient indicated the patient had difficulty with sleeping. The patient utilized a wrist brace. The patient was recommended to return to work with modified duties; however, her place of occupation was unable to accommodate her. The patient had difficulty completing her activities of daily living. The patient also had difficulty with driving. Provocative testing was positive for chronic lateral epicondylitis at the right elbow. The patient had positive Phalen and Tinel tests at the right. Thenar atrophy was also identified. The patient previously underwent EMG/NCS of the right upper extremity completed on 09/16/13. Previous studies came back with negative findings. The patient was recommended for repeat electrodiagnostic studies. Clinical note dated 02/17/14 indicated the patient indicated the patient continuing with right sided carpal tunnel syndrome symptoms. The patient was recommended again for repeat studies repeat electrodiagnostic studies and eight sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG OF THE UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: The clinic submitted documentation indicated the patient underwent some form of conservative treatment. However, no information was submitted regarding the patient's response to previously rendered therapy at right upper extremity. Given that no information was submitted regarding response to previously rendered treatment the request is not indicated as medically necessary.

REPEAT NCV OF THE UPPER EXTEMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: The clinical documentation indicates the patient complaining of right wrist and hand pain with associated numbness. Repeat NCS of the upper extremities would be indicated provided that the patient meets specific criteria, including significant progression in symptomology. There is an indication the patient has previously undergone electrodiagnostic studies resulting in negative findings. However, the patient continues with significant provocative findings confirming the presence of carpal tunnel syndrome symptoms. However, no information was submitted regarding clinical presentation prior to previous EMG/NCS. Without the necessary clinical documentation in place recording progressive findings this request is rendered not medically necessary.

OCCUPATIONAL THERAPY, 8 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE GUIDELINES, ,

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 Chapter. Physical/ Occupational therapy

Decision rationale: The clinic submitted documentation indicated the patient underwent some form of conservative treatment. However, no information was submitted regarding the patient's response to previously rendered therapy at right upper extremity. Given that no information was submitted regarding response to previously rendered treatment the request is not indicated as medically necessary.