MAXIMUS Federal Services

Case Number:	CM14-0036601		
Date Assigned:	06/25/2014	Date of Injury:	11/14/2013
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 records presented for review indicate that this 63 year-old individual was reportedly injured on November 14, 2013. The mechanism of injury is noted as a repetitive movement disorder. The most recent progress note, dated March 7, 2014, indicates that there are ongoing complaints of shooting pain in the right upper extremity. The physical examination demonstrated a 5'3, 211 pound individual with a decreased range of motion of the left wrist, and no signs of peripheral nerve root encroachment or entrapment. There is no atrophy and sensation is intact. A decrease in right shoulder range of motion is reported. The diagnosis offered was tenosynovitis of the right wrist and a cervical strain. Diagnostic imaging studies are pending. Previous treatment includes medications and conservative care. A request had been made for electrodiagnostic testing and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction studies to the right upper arm.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: web site http://www,odg=twc.odgtwo/Forearm_Wrist_Hand.htm and http;//www.odg-twc.com and http//www/odtwc.com/adgtwc/Carpal_Tunnel.htm#Eletrodiagnoisticstudies.

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

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine, these types of studies may help identify subtle neurologic dysfunction in patients with neck or arm symptoms. There is no MRI evidence of a nerve root compression or physical examination of a peripheral neuropathy. Therefore, based on the limited clinical information presented for review the medical necessity for this assessment has not been established.

Nerve conduction studies to the left upper arm.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: web site http://www,odg=twc.odgtwo/Forearm_Wrist_Hand.htm and http;//www.odg-twc.com and http//www/odtwc.com/adgtwc/Carpal_Tunnel.htm#Eletrodiagnoisticstudies.

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

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine, these types of studies may help identify subtle neurologic dysfunction in patients with neck or arm symptoms. There is no MRI evidence of a nerve root compression or physical examination of a peripheral neuropathy. Therefore, based on the limited clinical information presented for review the medical necessity for this assessment has not been established.