

Case Number:	CM14-0046571		
Date Assigned:	07/02/2014	Date of Injury:	02/13/2013
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 reported an injury on 2/13/13. The injury occurred when she was stacking boxes, and heard a crack in her left wrist. Her diagnoses include a chronic left wrist sprain/strain with significant grip loss strength, probable left carpal tunnel syndrome, and musculoskeletal disorder to the left upper extremity. Her past treatments are noted to include chiropractic treatment and NSAIDS. Her diagnostic studies included previous electrodiagnostic testing performed in September 2013, which were normal. Diagnostic studies include previous NCV testing in September 2013 which was normal. On 03/18/14, the injured worker presented with left wrist pain rated 6-7/10 with associated numbness and tingling into her left hand. Her physical examination was noted to reveal tenderness to palpation over the volar wrist and flexor tendons, positive bracelet testing of the left wrist, positive Phalen's testing, positive Tinel's test, and positive Fleck sign. She was also noted to have decreased grip strength in the left hand compared to the right. Her medications included Motrin. The treatment plan included updated electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyelography) study of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: According to the California MTUS/ACOM Guidelines, electrodiagnostic studies may be supported in cases of peripheral nerve impingement when there is no improvement or worsening after 4-6 weeks of conservative treatment. The clinical information submitted for review indicated that the injured worker has physical exam findings suggestive of carpal tunnel syndrome. However, the documentation indicated the previous electrodiagnostic testing was performed in September 2013, and was normal. However, the formal electrodiagnostic report was not provided to verify these findings. In addition, further details are needed regarding the conservative treatment tried and failed including whether at least 4-6 weeks of treatment have occurred. In the absence of this documentation, the request is not supported. As such, the request is not medically necessary.

NCV (Nerve Conduction Velocity) of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: According to the California MTUS/ACOM Guidelines, electrodiagnostic studies may be supported in cases of peripheral nerve impingement when there is no improvement or worsening after 4-6 weeks of conservative treatment. The clinical information submitted for review indicated that the injured worker has physical exam findings suggestive of carpal tunnel syndrome. However, the documentation indicated the previous electrodiagnostic testing was performed in September 2013, and was normal. However, the formal electrodiagnostic report was not provided to verify these findings. In addition, further details are needed regarding the conservative treatment tried and failed including whether at least 4-6 weeks of treatment have occurred. In the absence of this documentation, the request is not supported. As such, the request is not medically necessary.