

Case Number:	CM14-0051731		
Date Assigned:	06/23/2014	Date of Injury:	12/29/2012
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 58 year old female who reported an injury on 12/29/2012 due to repetitive motions. The injured worker had complaints of constant pain in her right hand that runs from the wrist to the thumb and constant pain in the left hand from the wrist to elbow and from the wrist to the thumb. She also complained of shoulder and neck pain that radiates down left arm. Physical examination on 10/17/2013 revealed on the Jamar dynamometry testing right hand average was 12 kg, left hand 2.3 kg. Shoulder examination revealed positive Hawkin's and Neer signs on the left, negative on the right. Range of motion forward flexion right was to 180 degrees, left was to 100 degrees, extension on right 50 degrees, left was to 20 degrees, abduction right was 180 degrees, left was to 170 degrees, adduction right was to 30 degrees, left was to 30 degrees, external rotation right was to 90 degrees, left was to 80 degrees, internal rotation right was to 90 degrees, left was to 90 degrees. Examination of the wrists revealed flexion right was to 60 degrees, left was to 60 degrees, extension right was to 60 degrees, left was to 50 degrees, ulnar deviation right was to 30 degrees, left was to 20 degrees, radial deviation right was to 20 degrees, left was to 15 degrees. Phalen's sign was positive with pain, but the report did not say which hand. Positive Tinel's on the left. Cervical range of motion with forward flexion was to 15 degrees, extension was to 30 degrees, other values were normal. The diagnoses were bilateral carpal tunnel syndromes, left worse than right, bilateral de Quervain's left worse than right, impingement, left shoulder, cervical sprain/strain with muscle guarding, multilevel discogenic degeneration. MRI was done on 08/23/2013 and electromyography on 08/20/2010, they were not submitted for review. She has had physical therapy in the past. Medications were listed as Voltaren 75mg one twice a day, Prilosec 20 mg one daily, flexeril 10 mg one at bedtime. The treatment plan was for electromyography of the upper left extremity. The rationale was not submitted. The request for a medical necessity determination was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Electromyography (EMG) of the upper left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for one electromyography of the left upper extremity is non-certified. The document submitted is lacking information for diagnostic studies, physical therapy reports, physical medicine and medications past and present tried and failed. ACOEM states that if there are no red flags present to indicate serious conditions, the clinician can then determine which common musculoskeletal disorder is present. Positive deQuervain's sign look for unique symptoms such as pain over radial styloid or first dorsal compartment. Unique signs are tenderness over radial styloid, mass over radial styloid, crepitus, thick tendon sheath, pain upon passive abduction, triggering, pain worse with ulnar deviation, thumb flexion/ adduction, stretch of first dorsal compartment (Finkelstein test). The document submitted for review is lacking information. Therefore, the request is not medically necessary.