

Case Number:	CM14-0062230		
Date Assigned:	07/11/2014	Date of Injury:	09/03/2013
Decision Date:	09/15/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 09/03/2013, due to a slip and fall. On 02/24/2014, she reported numbness and tingling of the left hand. A physical examination showed tenderness and pain over the common extensor origin of the left elbow, difficulty above the elbow, and full flexion and full extension as well as full pronation and supination. There was pain to deep palpation of the common extensor origin, and motor tone and sensation were noted to be intact. Diagnostic studies included an unofficial MRI performed on an unspecified date, which reportedly showed moderate degenerative changes of the elbow more pronounced than the lateral compartment of the elbow where there was some edema in the lateral humeral condyle, a tear of the lateral collateral ligament with mild degenerative in the attachments of the common extensor and common flexor tendons at the epicondyles, edema within the pronator teres muscle with a questionable small partial thickness tear just above the level of the medial humeral epicondyle, and a partial tear of the medial collateral ligament with no disruption. Information regarding surgical history and relevant diagnosis and medications was not provided for review. The treatment plan was for electromyography of the left wrist. The Request for Authorization form was signed on 03/12/2014. The rationale for treatment was to rule out underlying carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyography for left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines 11 edition forearm, wrist, and hand, electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand, Electrodiagnostic studies.

Decision rationale: The request for electromyography of the left wrist is non-certified. On 02/24/2014, the injured worker reported numbness and tingling in the left hand. She also stated that she was not taking any medications and only underwent 2 "physical therapies". The California MTUS/ACOEM Guidelines state that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The Official Disability Guidelines recommend electrodiagnostic testing as an option after closed fractures of distal radius and only if necessary to assess nerve injury. Based on the clinical information submitted for review, an electromyography of the left wrist would not be medically necessary. The injured worker was noted to have full range of motion, motor strength and intact sensation. There is a lack of documentation regarding significant functional deficit to indicate the need for electromyography of the left wrist. In addition, there was no documentation regarding failed conservative treatment attempts that would indicate the need for an electromyography of the left wrist. The request is not supported by the guideline recommendations as there is no evidence to support its necessity. As such, the request is non-certified.