

Case Number:	CM14-0062816		
Date Assigned:	07/11/2014	Date of Injury:	12/22/2010
Decision Date:	09/11/2014	UR Denial Date:	05/02/2014
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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 39-year-old gentleman who was injured in a work-related accident on 12/22/10 due to repetitive use. A recent clinical assessment for review includes a 3/7/14 follow up report indicating continued weakness and sensory deficit to the upper extremities. There was bilateral 5-/5 grip strength, equal and symmetrical reflexes, and "questionable Tinel and Phalen testing at the wrists." Elbow range of motion showed tenderness to palpation with Tinel testing. Recent treatment has included nonsteroidal usage, acupuncture, physical therapy, and chiropractics. There is no indication of prior electrodiagnostic studies in this individual. There is a current request for bilateral upper extremity electrodiagnostic studies given the claimant's current clinical picture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Studies of Bilateral Upper Extremities for Bilateral Elbows/Wrists:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome Chapter.

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

Decision rationale: Based on California ACOEM Guidelines, upper extremity electrodiagnostic testing would be indicated. CA MTUS states, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. This individual has weakness and neurologic findings on examination bilaterally. There is no indication of prior electrodiagnostic studies having been performed. Given the claimant's current clinical presentation including neurologic examination findings as well as weakness with grip testing, the use of electrodiagnostic studies for further assessment in this individual would be supported as medically necessary.