

Case Number:	CM14-0065850		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2012
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 55-year-old female was reportedly injured on August 7, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicates that there are ongoing complaints of bilateral upper extremity pain with weakness. The injured employee complained of dropping items. Current medications include ibuprofen, Naprosyn, tramadol, and Prilosec. The physical examination demonstrated a positive flick sign. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left and right carpal tunnel made for EMG and NCV studies of the bilateral upper extremities and chiropractic treatment 2 to 3 times a week for six weeks for the bilateral wrist/hand's and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities.: Upheld

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

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

Decision rationale: The most recent progress note dated April 8, 2014, is difficult to read and it is uncertain what any neurological findings are. A previous note dated October 24, 2013, states that the injured employee has completed 12 sessions of postoperative physical therapy with decreased pain. There were no complaints of numbness and tingling nor any abnormal neurological findings on physical examination. Considering this, this request for an EMG and NCV study of the bilateral upper extremities is not medically necessary.

Nerve Conduction Study (NCV) bilateral upper extremities: Upheld

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

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

Decision rationale: The most recent progress note dated April 8, 2014, is difficult to read and it is uncertain what any neurological findings are. A previous note dated October 24, 2013, states that the injured employee has completed 12 sessions of postoperative physical therapy with decreased pain. There were no complaints of numbness and tingling nor any abnormal neurological findings on physical examination. Considering this, this request for an EMG and NCV study of the bilateral upper extremities is not medically necessary.

Chiropractic treatment 2-3 times x 6 weeks-bilateral hands/wrists.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Manipulation, Updated February 20, 2014.

Decision rationale: According to the attached medical record the injured employee has already participated in 12 visits of postoperative physical therapy for her hands and wrists. Considering this it is unclear why an additional request for therapy is made. Additionally the Official Disability Guidelines does not recommend chiropractic manipulation for carpal tunnel syndrome. For these reasons, this request for chiropractic treatment 2 to 3 times a week for six weeks for the bilateral hands/wrists is not medically necessary.