MAXIMUS Federal Services

Case Number:	CM14-0070685		
Date Assigned:	06/27/2014	Date of Injury:	12/30/2013
Decision Date:	08/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupatinal Medicine and is licensed to practice in Texas. 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 45 year old female who sustained injuries to her bilateral hands on 12/30/13 due to cumulative trauma while performing her usual and customary duties as an administration assistant. A clinical note dated 12/31/13 reported that the injured worker stated that her right arm has been hurting from data entry since the previous morning and she noticed a lump on the top of her right hand. The injured worker complained of right-sided neck and shoulder aching pain at 5/10 visual analogue scale (VAS) and occasional shooting pain radiating down the entire arm to the 1st and 2nd digits of the right hand. She stated that her right arm falls asleep when leaning against the elbow. The injured worker is positive for diabetes. Physical examination noted two small dorsal ganglion cysts on the left hand; right hand exhibited masses of the dorsal ganglion; flexor/extensor surfaces of the bilateral hands were tender; Phalen's test positive bilateral median nerve compression; Tinel's sign positive for right median nerve compression. The injured worker was diagnosed with carpal tunnel syndrome, ganglion and cervicalgia. It was requested that the injured worker undergo electrodiagnostic study (EMG/NCV) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official

Disability Guidelines Carpal Tunnel Syndrome, electromyography (EMG); neck and upper back complaints, electromyography (EMG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The previous request was denied on the basis that the medical file failed to document current therapy or one month of conservative treatment. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is currently actively participating in a home exercise program. Therefore, given this, the request for electrodiagnostic study (EMG) of the bilateral upper extremities is not medically necessary.

Nerve Conduction Velocity (NCV) bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines neck and upper back nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The previous request was denied on the basis that the medical file failed to document current therapy or 1 month of conservative treatment. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is currently actively participating in a home exercise program. Therefore, given this, the request for Nerve Conduction Velocity (NCV) bilateral upper extremities is not medically necessary and appropriate.