

Case Number:	CM14-0071909		
Date Assigned:	07/16/2014	Date of Injury:	03/10/2014
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 3/12/14 report of injury notes the insured is having wrist popping and pain in the right wrist for 1.5 years. There is weakness in the thumb with gripping. The examination notes mild swelling in the thenar area. There is negative finkelstein's, Phalen's, and Tinel's. Strength and sensation are normal in the wrist. A 4/14/14 note indicates improved symptoms with less pain. The examination notes normal strength, sensation of the upper extremity. There were no positive provocative tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision on the Non-MTUS Official Disability Guidelines (ODG), Forearm, Wrist and Hand chapter: Electromyography (EMG).

Decision rationale: The medical records provided for review do not support physical findings in support of carpal tunnel. There is no motor or sensory deficit by exam. There is no indication that EMG will effect treatment plan of the injured worker. There are no physical exam findings demonstrating any condition different than the conditions already diagnosed for the injured worker. In the absence of such findings, EMG of the wrist is not supported as medically

necessary.