

Case Number:	CM14-0087841		
Date Assigned:	07/23/2014	Date of Injury:	07/20/2011
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 California. 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 patient is a 52 year old female who was injured on 07/20/2011. The mechanism of injury is unknown. She is status post tenovagotomy of right wrist. On note dated 05/14/2014, the patient is noted to have right dorsal and volar wrist pain. QME agreed with MRI but not yet performed. She reported numbness and tingling from the right little and ring fingers. On exam, there is mild to moderate dorsal right wrist tenderness with fullness. There is mild tenderness at the right volar distal forearm. Tinel's is negative at the median nerves right wrist. Tinel's is positive in the right elbow. Diagnoses are flexor tenosynovitis right wrist and probable cubital tunnel syndrome. The plan is MRI of the right wrist, EMG/NCV of bilateral upper extremities and medication was dispensed including Voltaren, Protonix, and Ultram. Prior utilization review dated 05/23/2014 by [REDACTED] states the request for MRI of the right wrist and EMG/NCV of bilateral upper extremities is denied as there are no significant deficits on exam therefore testing is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist: Overturned

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

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): Carpal tunnel syndrome, MRI.

Decision rationale: The patient is status post tenovagotomy of right wrist. On note dated 05/14/2014, the patient had right dorsal and volar wrist pain. Qualified Medical Examiner (QME) agreed with MRI but not yet performed. She reported numbness and tingling from the right little and ring fingers. On exam, there is mild to moderate dorsal right wrist tenderness with fullness . There is mild tenderness at the right volar distal forearm. Diagnoses include flexor tenosynovitis right wrist. Note I do not have previous MRI results or the QME report. The CA MTUS/ACOEM guidelines have no recommendation for or against the use of MRI. Given the persistent right wrist symptoms, the medical necessity is established for the MRI.

EMG bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal tunnel syndrome, Electromyography (EMG).

Decision rationale: On note dated 05/14/2014, the patient reported numbness and tingling from the right little and ring fingers. On exam, Tinel's is positive in the right elbow. Diagnoses include probable cubital tunnel syndrome. According to the ACOEM guidelines in the UR report on 5/23/14, electrodiagnostic studies are recommended to evaluate non-specific hand, wrist, or forearm pain for patients with paresthesias or other neurological symptoms. Therefore, the medical necessity is established for the electrodiagnostic testing EMG.

NCV bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, Nerve conduction studies (NCS).

Decision rationale: On note dated 05/14/2014, the patient reported numbness and tingling from the right little and ring fingers. On exam, Tinel's is positive in the right elbow. Diagnoses include probable cubital tunnel syndrome. According to the ACOEM guidelines in the UR report on 5/23/14, electrodiagnostic studies are recommended to evaluate non-specific hand, wrist, or forearm pain for patients with paresthesias or other neurological symptoms. Therefore, the medical necessity is established for the electrodiagnostic testing NCV.