

Case Number:	CM14-0097678		
Date Assigned:	07/28/2014	Date of Injury:	10/03/2011
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 49 year old female who reported an injury to her right wrist. No information had been submitted regarding the initial injury. However, there is an indication the injured worker had previously been treated for carpal tunnel syndrome. The utilization review dated 06/09/14 resulted in denials for electrodiagnostic studies of the right upper extremity and an MRI of the right wrist as insufficient information had been submitted supporting these requests. The clinical note dated 06/06/14 indicates the injured worker having a healed scar at the right hand. The injured worker did report occasional locking at the right long and ring fingers. The injured worker also was identified as having a positive carpal tunnel compression test, a positive Tinel's, a positive Phalen's, and a positive reverse Phalen's. The note indicates the injured worker utilizing a right wrist splint, particularly at night. The injured worker had complaints of numbness and tingling at the right side as well. The MRI was being requested in order to evaluate the anatomy at the transverse ligament and to evaluate the median nerve. The clinical note dated 05/13/14 indicates the injured worker complaining of bilateral wrist pain. The injured worker stated that she was having numbness and tingling each night and during the daytime when repositioning the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic Testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The documentation indicates the injured worker complaining of carpal tunnel syndrome symptoms. EMG studies are indicated for injured workers who have demonstrated significant pathology at the extremities following a full course of conservative therapy. No information was submitted regarding the injured worker's recent completion of any conservative treatments addressing the upper extremity deficits. Therefore, this request is not indicated as medically necessary.

MRI of the Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation; MRI Wrist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-70.

Decision rationale: The request for an MRI of the right wrist is indicated for injured workers who have demonstrated significant findings confirmed by radiograph studies. No recent radiograph studies were submitted for review. Given this factor, the request is not indicated as medically necessary.