

Case Number:	CM13-0054120		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2012
Decision Date:	04/17/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 7/16/2012. She reported twisting her back and chest when pushing and lifting a heavy door. The injured worker has been diagnosed as having cervical strain, carpal tunnel syndrome, paresthesia and wrist pain. Treatment to date has included wrist support and therapy. According to a progress report dated 9/25/2013, electrodiagnostic studies were performed on 9/6/2013, revealing moderate to severe bilateral carpal tunnel syndrome and bilateral C7 radiculopathy with evidence of ongoing denervation. Currently, the injured worker complained of bilateral wrist pain and bilateral hand pain with tingling and numbness. Physical exam on 10/10/2013 revealed decreased range of motion in the neck and pain with neck forward flexion, extension, lateral flexion and rotation. There was pain with bilateral wrist flexion, extension, ulnar deviation and radial deviation. The treatment plan was for referral to a neurologist to perform nerve conduction studies (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC STUDIES IN BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

Decision rationale: According to guidelines it states: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the medical records there is no documentation of focal neurological dysfunction and thus is not medically necessary.