

Case Number:	CM14-0161341		
Date Assigned:	10/06/2014	Date of Injury:	08/26/2010
Decision Date:	02/25/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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:

This injured worker's date of injury is 08/26/2010. This patient receives treatment for chronic limb discomfort. The patient reports bilateral hand of wrist symptoms. These include burning, cramping, shooting, throbbing and aching pains. Right hand grip strength is 38 lbs and the grip strength of the left hand is 40 lbs. The patient's diagnosis is carpal tunnel syndrome. On exam the Tinel's sign is positive and the Phalen's test is positive, right greater than left side. The patient has had a carpal tunnel release operation on the right wrist. In the past the patient was diagnosed with chronic region pain syndrome and treated with opioids, physical therapy, and analgesics. One of the patient's surgical consultant's stated that she is not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve Conduction Velocity (NCV) for bilateral upper extremities:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic Studies (EDS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS)

Decision rationale: This patient has had wrist surgery once, possibly twice. There is no documentation of any impending surgical intervention. There is no documentation the failure of conservative therapy; such as, a recent steroid injection, physical therapy, or nocturnal splinting. Electrodiagnostic studies are not medically indicated, therefore, the request is not medically necessary.