

Case Number:	CM15-0147610		
Date Assigned:	08/10/2015	Date of Injury:	04/28/2015
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, 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 was a 46 year old female, who sustained an industrial injury, April 28, 2015. The injured worker sustained the injury while working in an outpatient clinic. A mentally disabled patient need an injection and grabbed the injure worker by the right wrist twisting it and with force pulled on the right hand. The injured worker previously received the following treatments cortisone injection to the radial wrist with no significant improvement, physical therapy and right wrist x-rays showed mild degenerative changes the impression was negative. The injured worker was diagnosed with prior carpal tunnel syndrome, right wrist sprain and right wrist fracture. According to progress note of July 20, 2015, the injured worker's chief complaint was right wrist pain. The physical exam noted tenderness at the injection site. The injured worker continued to have tenderness in the right ulnar wrist. The ulnar wrist was slightly tender with palpation. The radial wrist was moderately tender and swollen. There was slightly limited range of motion on radial deviation. The Phalen's test and Finkelstein's test were positive. The treatment plan included EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG/NCS of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and pg 38.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant had prior fracture and a diagnoses of carpal tunnel. Current exam findings show similar findings and the reason for the EMG/NCV is not justified to clarify any discrepancy and is not medically necessary.