MAXIMUS Federal Services

Case Number:	CM15-0190750		
Date Assigned:	10/02/2015	Date of Injury:	01/14/2013
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 30 year old female, who sustained an industrial injury on 1-14-2013. The medical records indicate that the injured worker is undergoing treatment for sprain of wrist, cervical brachial myofascial pain, and chronic pain syndrome. According to the progress report dated 8-5-2015, the injured worker presented with complaints of constant left hand pain. The pain is described as burning, aching, tingling, numbing, and pressure. On a subjective pain scale, she rates her pain 8-9 out of 10. The physical examination of the left wrist reveals tenderness over the ulnar and dorsal carpal region, mild swelling, painful range of motion, and diffuse tenderness in the left upper extremity, and decreased sensation in the left hand and all fingers extending up into the forearm in a diffuse pattern. The current medications are Horizant and Voltaren gel. Previous diagnostic studies include EMG (2-5-2014) and MRI of the left wrist. Treatments to date include medication management, physical therapy, wrist brace, TENS unit, and cognitive behavioral therapy. Work status is described as modified duty. The original utilization review (9-4-2015) partially approved a request for electrodiagnostic evaluation of the left upper extremity (original request was for bilateral upper extremities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic evaluation of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. Per the medical records submitted for review, it was noted that the injured worker complained of 8-9/10 pain of the left wrist described as burning, achy, tingling, numbing, and pressure. Objective findings included localized tenderness of the ulnar carpal region, mild tenderness over the dorsal carpal region and mild swelling of the left wrist, painful range of motion of the left wrist, diffuse tenderness in the left upper extremity, and decreased sensation in the left hand and all fingers extending up into the forearm in a diffuse pattern. The right upper extremity was unremarkable. As the neurologic abnormalities noted were not in the bilateral upper extremities, the request is not medically necessary.