

Case Number:	CM15-0023952		
Date Assigned:	02/13/2015	Date of Injury:	08/01/2012
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62-year-old female who reported an injury on 08/03/2012. The mechanism of injury involved repetitive activity. The injured worker is currently diagnosed with de Quervain's tenosynovitis. On 09/22/2014, the injured worker presented for a follow-up evaluation. The injured worker reported persistent right upper extremity pain. It is noted that the injured worker has been previously treated with bracing, NSAIDs, steroid injections, and therapy. The injured worker also underwent a first dorsal wrist compartment release on 05/13/2013. Upon examination of the right hand, there was tenderness to palpation over the snuffbox, radial tenderness, normal active range of motion, and negative Tinel's and Phale's sign. There was 5/5 motor strength in the bilateral upper extremities with 2+ deep tendon reflexes. Recommendations at that time included a course of occupational therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Right Upper Extremity: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. Medical necessity for electrodiagnostic testing has not been established. It was noted that the injured worker was pending authorization for a course of occupational therapy. The injured worker was also placed in a splint. There is no documentation of a failure of conservative management prior to the request for electrodiagnostic testing. Given the above, the request is not medically appropriate at this time.

EMG Right Upper Extremity: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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