

Case Number:	CM15-0032567		
Date Assigned:	03/04/2015	Date of Injury:	03/24/2014
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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 45 year old female who sustained a work related injury on March 24, 2014, after sustaining chemical burns, while employed as a painter, to her both upper extremities. She was diagnosed with chemical burns to hands, bilateral forearm, wrist and hand tendinitis and bilateral carpal tunnel. Treatment included a home exercise program, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), anti-inflammatory drugs and therapy. Currently, the injured worker complained of numbness and pain in the hands with mild swelling. On January 30, 2015, a request for electromyogram for bilateral upper extremities was non-certified by Utilization Review, noting Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: I respectfully disagree with the UR physician, the ACOEM guidelines indicate that nerve conduction studies of the upper extremities may differentiate between carpal tunnel syndrome and other conditions. If no improvement or worsening has occurred in 4 to 6 weeks, electrical studies may be indicated. Considering the stated date of injury, the injured employee's current complaints of numbness and tingling in her hands, and the physical examination findings consistent with carpal tunnel syndrome, this request for EMG testing of the bilateral upper extremities is medically necessary.