

Case Number:	CM15-0039609		
Date Assigned:	03/11/2015	Date of Injury:	07/03/2014
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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 is a 61-year-old female who sustained an industrial injury on 07/03/2014. Current diagnoses include probable left carpal tunnel and/or cubital tunnel syndrome, and status post left wrist sprain with De Quervain's tenosynovitis and ulnar side wrist pain. Previous treatments included medication management, physical therapy, work restrictions, left thumb brace, acupuncture, and home exercise program. Initial complaints included immediate pain in the knee, once on her feet she felt pain in the low back, left wrist, left knee and left foot/ankle. Report dated 11/10/2014 noted that the injured worker presented with complaints that included left wrist pain, low back pain, left knee pain, and left foot/ankle pain. Physical examination was positive for abnormal findings. Documentation submitted included a EMG/NCV study dated 11/14/2014. The treatment plan included request for EMG/nerve conduction study. The EMG was normal and the NCV was consistent with carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hand chapter Electrodiagnostic studies pg 19.

Decision rationale: An NCV is recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. In this case, the claimant had a diagnosis and exam findings consistent with carpal tunnel syndrome. There were no recent fractures. The request for an NCV is not medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hand chapter Electrodiagnostic studies pg 19.

Decision rationale: An EMG is recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. In this case, the claimant had a diagnosis and exam findings consistent with carpal tunnel syndrome. There were no recent fractures. The request for an EMG is not medically necessary.