

Case Number:	CM15-0039986		
Date Assigned:	03/10/2015	Date of Injury:	12/10/2013
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female, who sustained a work/ industrial injury on 12/10/13 due to cumulative trauma. She has reported initial symptoms of pain in both upper extremities, worse on the right. The injured worker was diagnosed as having carpal tunnel syndrome and complex regional pain syndrome (CRPS). Treatments to date included medication (Tylenol ES, Norco, Percocet), physical therapy, and stellate ganglion blocks. Currently, the injured worker complains of constant bilateral upper extremity pain and symptoms consistent with complex regional pain syndrome (CRPS). The treating physician's report (PR-2) from 2/2/15 indicated the pain was described as aching, sharp, shooting, throbbing, and burning. Examination noted significant volar deviation at the metacarpophalangeal joints of the index and middle fingers on the right side with bulbous deformity. There was reddish discoloration and induration in the palms of both hands. There was allodynia and hyperalgesia present in both hands. There was reduction in grip strength and unable to make a full fist in the right. Tinel's test was positive on the left side. Carpal tunnel compression test was positive. Phalen's test was positive. The PR-2 from 3/2/15 reported pain was controlled and stable with medications. Left and right stellate ganglion blocks were 70% effective for relief. Carpal tunnel release surgery was approved and to be scheduled. A request was made for electromyogram/nerve conduction velocity study.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 288-289.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: The patient has established diagnosis of CTS and continues to treat without functional benefit. Additionally, current submitted reports have not adequately demonstrated any change in chronic symptoms and clinical findings of neurological deficits suggestive of deterioration. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support the electrodiagnostic study and the patient is apparently already approved for CTR surgery. The EMG/NCV of bilateral upper extremities is not medically necessary and appropriate.