

Case Number:	CM15-0043908		
Date Assigned:	03/13/2015	Date of Injury:	06/21/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 47-year-old male who reported an injury on 06/21/2013. The mechanism of injury was not specifically stated. The current diagnoses include, status post right shoulder arthroscopy on 12/04/2014 and status post right carpal tunnel release in 01/2014. The injured worker presented on 02/09/2015 for a follow-up evaluation with complaints of neck pain, right shoulder pain, arm and wrist pain. The injured worker indicated that he was performing exercises at therapy and began to experience right upper back pain and lateral numbness and tingling. Upon examination, there was full passive range of motion of the right shoulder, tenderness to palpation of the greater tuberosity, a loss of 20 degrees of flexion and abduction, limited internal rotation, 4+/5 motor weakness throughout, positive Tinel's and Phalen's sign of the right wrist, negative atrophy, and 5/5 motor strength in the right hand and wrist. Recommendations included authorization for an EMG study of the right upper extremity with left upper extremity comparison to determine if there is recurrent carpal tunnel symptoms. The injured worker was also advised to continue with the home exercise program and current medication regimen. 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:

EMG/NCV of RUE with LUE for comparison: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. In this case, it is noted that the injured worker is status post right carpal tunnel release in 01/2014. There is no documentation of an attempt at any conservative management prior to the request for an additional electrodiagnostic study. There was no objective evidence of a sensory deficit or peripheral neuropathy. There was no documentation of a progression or worsening of symptoms or physical examination findings. While the patient does have objective evidence of a positive Tinel's and Phalen's sign on examination, the medical necessity for additional electrodiagnostic testing has not been established. As such, the request is not medically appropriate.