

Case Number:	CM15-0048593		
Date Assigned:	03/20/2015	Date of Injury:	10/11/2013
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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, Pain Management, Occupational 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 patient is a 58 year old female with diagnoses including left carpal tunnel syndrome and left Dequervain's tenosynovitis which are attributed to a trip and fall on October 11, 2013. Treatment to date has included medications, surgery and splinting. After a recent fall, the patient reports numbness and tingling in the fingers, a positive Tinel's sign and tenderness over the scaphoid tubercle. Twelve sessions of Iontophoresis and nerve conduction studies/electromyography have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iontophoresis three times a week times four weeks for the left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Iontophoresis.

Decision rationale: ODG states that iontophoresis is under study and there is limited support for iontophoresis. There is no clear diagnosis of carpal tunnel syndrome since nerve conduction studies have not been done to support the diagnosis. There is no clear explanation for her symptoms without diagnostic testing and iontophoresis has not been shown to be effective. Therefore, this request for twelve sessions of iontophoresis is not medically necessary.

EMG/NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic Studies.

Decision rationale: ODG states that electrodiagnostic studies are recommended for individuals with clinical signs of carpal tunnel syndrome. ODG refers to guidelines jointly sponsored by the American Academy of Neurology and American Academy of Physical Medicine and Rehabilitation for the appropriate standards for testing. This request for left upper extremity nerve conduction studies and electromyography is medically necessary.