MAXIMUS Federal Services

Case Number:	CM15-0048633		
Date Assigned:	03/20/2015	Date of Injury:	02/28/2007
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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 injured worker is a 38 year old female who sustained a work related injury on February 28, 2007, incurring injuries to the shoulders, elbows, hands and wrists from repetitive motions. Treatment included physical therapy, anti-inflammatory drugs, and pain medications. She was diagnosed with bilateral wrist crush injury, carpal tunnel, bilateral forearm joint effusion and bilateral upper arm effusion. The injured worker underwent carpal tunnel release surgery. She underwent a second carpal tunnel surgery but, currently, complained of ongoing hand and wrists numbness and tingling, weakness and pain. She also complained of persistent shoulder and elbow pain. The treatment plan that was requested for authorization included electromyogram and nerve conduction velocity of the bilateral upper extremities and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve conduction velocity (NCV) bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Forearm, Wrist, & Hand Procedure Summary last updated 11/13/2014; ODG-TWC Carpal Tunnel Syndrome Procedure Summary last updated 11/11/2014.

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

Decision rationale: ACOEM Chapter 11 states that electrodiagnostic studies are an option to assess peripheral nerve impingement. Electrodiagnostic studies were already performed 6 months earlier in October 2014. There has been no progression of symptoms or change in activity that would suggest a progression of injury. There is no indication that the test in 2014 was not adequate. The patient has a history of right and left carpal tunnel releases in the past. Electrodiagnostic studies have already been done as is consistent with guidelines. There are no obvious nerve conduction abnormalities which suggest that the median nerve is not severely damaged. The request is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Fitness for Duty Procedure Summary last updated 03/26/2014.

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

Decision rationale: ODG states that FCEs may assist if a patient is actively participating in determining the suitability of a job. Job specific FCEs are considered more helpful than general assessments. The patient is employed as a dispatcher. The job reportedly requires significant use of video display interface, an alternate input device and a keyboard. The physical demands of the job require static positioning as opposed to dynamic lifting, moving and carrying. The medical report requesting the FCE does not indicate how a FCE would assist in facilitating continued participation in this job. This request for an FCE does not adhere to ODG and there is no obvious role for it in the performance of the patient's job. The request is not medically necessary.