

Case Number:	CM15-0084096		
Date Assigned:	05/06/2015	Date of Injury:	02/20/2015
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/01/2015

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 57 year old female, who sustained an industrial injury on 2/20/2015. She reported pain to her bilateral third digits along with weakness and numbness in her middle fingers. She had a history of a work related injury to the same body parts. Diagnoses have included strains: bilateral third fingers, overuse syndrome of bilateral wrists and trigger finger/thumb. Treatment to date has included multiple steroid injections to bilateral thumbs/third digits to relieve triggering in the past, hot/cold packs, physical therapy and medication. According to the progress report dated 4/7/2015, the injured worker complained of triggering of the bilateral ring fingers. Exam of the left hand and right hand revealed degenerative changes and tenderness to palpation over the A1 pulleys. Exam of the left and right wrists revealed tenderness to palpation. There was positive Tinel's over the median nerves. The injured worker was on regular work status. Authorization was requested for electromyography (EMG) and nerve conduction study (NCS) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) EMG and NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an NCV is recommended for median or ulnar impingement after conservative failure. It is not recommended in those without symptoms. In this case, the claimant did have a Tinel's sign but there was no mention of failed conservative management such as splinting. The claimant was treated for trigger finger not carpal tunnel. The request for electrodiagnostic studies is not medically necessary.