

Case Number:	CM15-0085165		
Date Assigned:	05/08/2015	Date of Injury:	02/28/2007
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania, Ohio, 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 59 year old female who sustained an industrial injury on 02/28/2007. Current diagnoses include status post right carpal tunnel release (11/01/2007), status post right elbow ulnar nerve release and trigger finger releases (11/16/2011), stenosing tenosynovitis of both thumbs in remission, persistent bilateral carpal tunnel syndrome, post-operative neuroma of posterior branch of medial antebrachial cutaneous nerve right elbow, neuritis of palmar cutaneous branch of the median nerve right wrist, recurrent stenosing tenosynovitis of the right thumb, and stenosing tenosynovitis of the left fifth finger vs. subluxing extensor tendon at the proximal interphalangeal joint. Previous treatments included medication management, occupational therapy, physical therapy, and surgeries. Previous diagnostic studies include an MRI of the cervical spine dated 01/16/2009. Report dated 04/13/2015 noted that the injured worker presented with complaints that included the right thumb getting stuck every 2 weeks, and wakes up every night with numbness and tingling in both hands. Pain level was not included. Physical examination was positive for a click in the metacarpophalangeal joint of the left fifth finger, which appears to be joint subluxation rather than tendon snapping, and Phalen on the left is positive. The treatment plan included return to modified work on 04/22/2015, night splinting on the left for carpal tunnel syndrome, request for electrodiagnostic studies of the bilateral upper extremities, and return in one month. Disputed treatments include electrodiagnostic studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the Bilateral Upper Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Chapter: Forearm, Wrist & Hand, Electrodiagnostic studies (EDS); Chapter: Carpal Tunnel Syndrome (Acute & Chronic), Electromyography, Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM recommends electrodiagnostic studies for assessment of neurological signs or symptoms in the upper extremities. An initial physician review concluded that this patient has a straightforward clinical situation whereby only carpal tunnel syndrome is in the differential diagnosis and thus only nerve conduction studies are indicated but not a needle exam. However the records are those of a patient where the history is of multiple upper extremity diagnosis; thus this is not a straightforward situation with a limited differential diagnosis. Cervical radiculopathy or multifocal neuropathy or generalized neuropathy are all possibilities in this case; a needle exam as well as nerve conduction studies would help to determine the diagnosis. Therefore this request is medically necessary.