

Case Number:	CM15-0085803		
Date Assigned:	05/08/2015	Date of Injury:	07/10/2013
Decision Date:	06/10/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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: New Jersey, New York
 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 47 year old female, who sustained an industrial injury on 7/10/13. She has reported initial complaints of neck injury and bilateral upper extremity injury from repetitive work. The diagnoses have included cervical strain/sprain, bilateral carpal tunnel syndrome, bilateral ulnocarpal abutment syndrome with possible triangular fibrocartilage region of both wrists, status post right carpal tunnel release on 1/21/15. Treatment to date has included medications, chiropractic, diagnostics, right carpal tunnel release surgery on 1/21/15, physical therapy, bracing, and activity modifications. Currently, as per the physician progress note dated 4/8/15, the injured worker complains of right hand wrist pain rated 3/10 on pain scale, neck pain 2/10 on pain scale, right shoulder pain 2/10 on pain scale, left shoulder pain 5/10 on pain scale, left hand and wrist pain 6/10 on pain scale with tingling, and upper mid back pain rated 3/10 on pain scale. The objective findings revealed Jamar on the right is 9-7-7 and the left is 11-9-7. The right elbow is positive for elbow flexion test. The right and left wrists were positive for Phalen's and Durkens median compression tests. There is slightly diminished light touch in the median nerve distribution bilaterally with tenderness noted over the triangular fibrocartilage region of both wrists. Magnetic Resonance Imaging (MRI) of the cervical spine dated 10/20/14 revealed disc bulge, facet degenerative changes but no foraminal narrowing or stenosis. X-rays of the cervical spine dated 10/2/14 revealed straightening of the cervical lordosis, otherwise within normal limits. The X-rays of the right and left wrists dated 10/2/14 revealed normal and symmetrical findings. The electromyography (EMG)/nerve conduction velocity studies (NCV) studies of the bilateral upper extremities dated 8/27/14 revealed normal electromyography

(EMG) of the upper extremities and the nerve conduction velocity studies (NCV) revealed mild right median sensory neuropathy at the wrist and the left upper extremity study was within normal limits. There was no previous therapy sessions noted in the documentation. Work status is to remain off work until next appointment in 4-6 weeks. The physician requested treatment included electromyography (EMG) /nerve conduction velocity studies (NCV) of the Bilateral Upper Extremities to rule out carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The request is considered not medically necessary. The patient had a previous EMG/NCV that showed right wrist median neuropathy and normal left wrist. The patient had previous carpal tunnel release of the left wrist and had right carpal tunnel release in 1/2015. The patient was to undergo physical therapy. As per MTUS guidelines, special studies are not needed for true hand and wrist problems until 4-6 weeks of conservative care and observation. Repeat electrodiagnostic testing is not warranted at this time and is considered not medically necessary.