

Case Number:	CM15-0087036		
Date Assigned:	05/15/2015	Date of Injury:	08/16/2013
Decision Date:	07/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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

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 33 year old female, who sustained an industrial injury on 08/16/2013. She has reported subsequent wrist pain and was diagnosed with status post right carpal tunnel decompression, status post redo right carpal tunnel decompression, persistent right median neuropathy, history of left carpal tunnel syndrome and status post left carpal tunnel release. Treatment to date has included oral pain medication, Dexamethasone injections and surgery. In a progress note dated 01/08/2015, the injured worker was noted to be doing very well following surgery for the left hand. Objective findings were notable for well healing surgical incisions and mild postoperative tenderness. A request for authorization of bilateral electrodiagnostic studies of the upper extremities was submitted. There was no medical documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral electrodiagnostic studies of 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 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: The patient already had confirmed evidence for bilateral carpal tunnel syndromes s/p bilateral release with current unchanged continued chronic symptoms and clinical findings without significant progression to support repeating the study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have already demonstrated the symptoms and clinical findings to suggest for the entrapment syndrome with confirmed diagnoses from previous NCV study with surgical intervention rendered. Additionally, per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostic. The Bilateral electrodiagnostic studies of upper extremities is not medically necessary and appropriate.