

Case Number:	CM14-0124753		
Date Assigned:	08/08/2014	Date of Injury:	05/13/2013
Decision Date:	10/21/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported an injury on 05/13/2013, secondary to a fall. The current diagnoses include right wrist osteochondral lesion and left carpal tunnel syndrome. It is noted that the injured worker underwent right wrist surgery in 04/2014. Previous conservative treatment also includes splinting, medication management, injections, and occupational therapy. The injured worker was evaluated on 06/12/2014 with complaints of pain and discomfort in the left upper extremity. Physical examination revealed 40/40/45 Jamar grip strength on the left with positive carpal compression sign. Treatment recommendations at that time included initiation of formal physical therapy for the right wrist and electrodiagnostic studies for the left wrist. A Request for Authorization Form was then submitted on 07/16/2014 for electrodiagnostic studies of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent NCV (Nerve Conduction Velocity) for left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. As per the documentation submitted, there is no mention of an attempt at conservative treatment for the left upper extremity prior to the request for electrodiagnostic studies. The injured worker's physical examination on the requesting date only revealed diminished grip strength with positive carpal compression sign. Based on the clinical information submitted for review, the medical necessity has not been established. Therefore, the current request of urgent NCV (Nerve Conduction Velocity) for left upper extremities is not medically necessary and appropriate.

Urgent EMG (Electromyography) for left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. As per the documentation submitted, there is no mention of an attempt at conservative treatment for the left upper extremity prior to the request for electrodiagnostic studies. The injured worker's physical examination on the requesting date only revealed diminished grip strength with positive carpal compression sign. Based on the clinical information submitted for review, the medical necessity has not been established. Therefore, the current request of urgent EMG (Electromyography) for left upper extremities is not medically necessary and appropriate.