

Case Number:	CM14-0124936		
Date Assigned:	09/16/2014	Date of Injury:	02/03/2012
Decision Date:	10/23/2014	UR Denial Date:	07/16/2014
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 and Rehabilitation, has a subspecialty in 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 records presented for review indicate that this 29 year-old female was reportedly injured on February 3, 2012. The mechanism of injury is noted as fall type event. The most recent progress note, dated July 24, 2014 indicates that there are ongoing complaints of upper extremity pain. An electro-diagnostic assessment was completed on that date. Changes consistent with a mild left carpal tunnel syndrome were reported. EMG was noted to be normal. The physical examination demonstrated a loss of cervical spine range of motion, tenderness to palpation and a negative Spurling's and compression test. Diagnostic imaging studies were not discussed. Previous treatment includes medications, physical therapy, repair of a laceration and other pain management interventions. A request had been made for electro-diagnostic studies and was not certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral EMG upper Extremities: Upheld

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

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

Decision rationale: The request is for a bilateral electrodiagnostic assessment. The records reflect that electrodiagnostic assessment was completed in July, 2014. As such, there is no data presented to suggest a repeat study. Therefore, based on the clinical information presented for review noted that there has not been any exacerbation of symptomology and that a previous author diagnostic assessment demonstrated a mild carpal tunnel syndrome has been completed, this request is not medically necessary per MTUS.

Bilateral NCV Upper Extremities: Upheld

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

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

Decision rationale: The request is for a bilateral electrodiagnostic assessment. The records reflect that electrodiagnostic assessment was completed in July, 2014. As such, there is no data presented to suggest a repeat study. Therefore, based on the clinical information presented for review noted that there has not been any exacerbation of symptomology and that a previous author diagnostic assessment demonstrated a mild carpal tunnel syndrome has been completed, this request is not medically necessary per MTUS.