

Case Number:	CM14-0135934		
Date Assigned:	09/03/2014	Date of Injury:	11/09/2012
Decision Date:	09/30/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 36 year old female who reported an injury on 11/09/2012. The injury reportedly occurred while she was lifting and felt pain in her wrist and hand. The diagnoses were listed as enthesopathy of the left wrist. The past treatments were medications, physical therapy that consisted of hot and cold therapy, paraffin wax treatments, massage, and electrode treatments. Past diagnostic studies include a MRI of the left hand and wrist, x-rays of the left upper extremity on 08/05/2014, and an EMG/NCV study which showed nerve damage in her left hand and positive for carpal tunnel. There were no relevant surgeries noted. On 06/16/2014, the injured worker complained of pain in the left wrist. Upon physical examination, she was noted to have decreased range of motion and pain with dorsiflexion at 40 degrees, palmar flexion at 40 degrees, radial deviation at 10 degrees, and ulnar deviation at 20 degrees. The medications were norco 2/325 mg and ambien 5 mg. The treatment plan included a request for MRI of the left wrist, a request to obtain an EMG/NCV study of upper extremities and a urine toxicology drug screen. The rationale for the request was to evaluate for left hand weakness. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Upper Left Hand: 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 for NCV of the upper left hand is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. Additionally, in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The injured worker was noted to have had a previous NCV study that revealed nerve damage in her left hand and positive evidence of carpal tunnel. There was not adequate documentation with evidence of a four to six week period of conservative care, a decrease in motor strength, progressive neurological deficits, or a worsening of her condition to support a repeat study. Therefore, the request is not medically necessary.