

Case Number:	CM14-0136094		
Date Assigned:	09/03/2014	Date of Injury:	01/10/2012
Decision Date:	10/31/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/23/2014

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 Family 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 patient had a date of injury on 1/10/12. She was cleaning a spill from broken glass and while dumping the broken glass she felt a sudden sharp electrical pain in her right arm with radiation down her right arm. The patient was evaluated, x-rays were done and she was given a wrist splint. Treatments have included hand therapy and a home exercise program. An electrodiagnostic test was done which was negative. The patient has also had acupuncture sessions which aggravated her pain. On 3/25/14 it was required that the patient has individual psychological treatment in order to address the psychosocial barriers that might be preventing her function and recovery. Diagnosis includes carpal tunnel syndrome, chronic pain syndrome, brachial neuritis or radiculitis, tenosynovitis of hand and wrist, lateral epicondylitis, major depression and ethanol abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG), Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Electrodiagnostic Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to guidelines the need for NCV for median or ulnar impingement at the wrist is recommended after failure conservative treatment. According to medical records there was no mention of conservative treatment tried. As such, the request is not medically necessary.

Electromyography (EMG), Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Electrodiagnostic Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to guidelines the need for NCV for median or ulnar impingement at the wrist is recommended after failure conservative treatment. According to medical records there was no mention of conservative treatment tried. As such, the request is not medically necessary.

Nerve Conduction Velocity (NCV), Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Electrodiagnostic Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to guidelines the need for NCV for median or ulnar impingement at the wrist is recommended after failure conservative treatment. According to medical records there was no mention of conservative treatment tried. As such, the request is not medically necessary.

Nerve Conduction Velocity (NCV), Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Electrodiagnostic Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to guidelines the need for NCV for median or ulnar impingement at the wrist is recommended after failure conservative treatment. According to

medical records there was no mention of conservative treatment tried. As such, the request is not medically necessary.