

Case Number:	CM14-0140696		
Date Assigned:	09/10/2014	Date of Injury:	12/14/2012
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 Orthopedic Surgery, 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 claimant is a 54-year-old gentleman who injured his upper extremities on December 14, 2012. The clinical assessment dated August 12, 2014 reveals continued symptoms of an electrical sensation to the digits. Physical examination showed restricted elbow range of motion from zero to 45 degrees and wrist motion to 80 degrees with flexion and extension. There was positive Tinel's testing at the cubital tunnel with numbness into the small and ring finger. Motor strength was 5/5. The diagnosis was possible neuroma with carpal or cubital tunnel syndrome based on examination. Recommendations were for electrodiagnostic studies and continued physical therapy and acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV For The Right Upper Extremity With Occupational Therapy For Right Hand Two Times A Week For Six Weeks Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California ACOEM and Chronic Pain Guidelines, the request for electrodiagnostic studies of the right upper extremity in conjunction with twelve additional sessions of occupational therapy would not be indicated. There is currently no documentation of treatment rendered for the claimant's diagnosis of carpal or cubital tunnel syndrome that would support the acute role of electrodiagnostic testing. Without documentation of conservative measures, the request for electrodiagnostic studies would not be supported. Also, in this case the continued use of occupational therapy for the claimant's right hand for twelve additional sessions would not be indicated. The claimant has already undergone a significant course of physical therapy in regards to injury dating back to 2012. It would be unclear at present as to why transition to an aggressive home exercise program would not occur. In the chronic setting, therapy is typically reserved for acute symptomatic flare of clinical findings. There is no documentation in the records to indicate that the claimant is having an acute flare of his symptoms. The request in this case would not be supported. Therefore, the EMG/NCV For The Right Upper Extremity, With Occupational Therapy For Right Hand is not medically necessary.