

Case Number:	CM14-0143646		
Date Assigned:	09/12/2014	Date of Injury:	10/05/2013
Decision Date:	10/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 10/05/13, when while working as a driver, he was walking backwards and slipped and fell with immediate right hand pain. He was found to have a distal forearm fracture treated with closed reduction. Treatments included physical therapy, chiropractic care, and medications. An x-ray of the right forearm on 06/24/14 showed that the fracture had healed. He was seen on 07/14/14. He was having throbbing right wrist pain rated at 7/10. Physical examination findings included normal strength and sensation. There was decreased and painful right wrist range of motion with tenderness. He had tingling with Tinel's testing and pain with Phalen and reverse Phalen testing. Additional testing was ordered. He was seen on 07/17/14 for an orthopedic evaluation. His history of injury and subsequent treatments were reviewed. He was not taking any medications. Physical examination findings included distal forearm tenderness with negative Phalen and Tinel testing. Median nerve compression testing was negative and there was no weakness or muscle atrophy. Imaging results were reviewed. Additional testing was ordered. A magnetic resonance imaging (MRI) of the right wrist on 08/05/14 showed findings of a small joint effusion with subchondral cyst of the capitate. On 08/20/14 he was having ongoing intermittent moderate right wrist pain rated at 7/10. Physical examination findings appear unchanged. Recommendations included continued chiropractic care and electromyogram (EMG) and nerve conduction studies (NCV) testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS BUE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS)

Decision rationale: The claimant is one year status post work-related injury. His right forearm fracture has healed. The requesting provider documented a positive Tinel's testing and pain with Phalen and reverse Phalen tests. Nerve conduction testing is recommended in patients with clinical signs of carpal tunnel syndrome (CTS) who may be candidates for surgery. Needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies. In this case, the claimant has clinical examination findings consistent with possible right carpal tunnel syndrome and a history of trauma with fracture. However, testing both upper extremities would not be necessary to determine whether the claimant has right carpal tunnel syndrome or other right upper extremity nerve injury. Therefore the requested bilateral upper extremity testing is not medically necessary.