

Case Number:	CM14-0162846		
Date Assigned:	10/08/2014	Date of Injury:	11/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This is a 44-year-old gentleman who sustained injuries to the upper extremities on 11/27/11. The medical records provided for review documented that the claimant underwent left index finger A1 pulley and right carpal tunnel release in December, 2013. The office note dated 07/29/14 described continued bilateral wrist pain. It states that the claimant is status post "left wrist extensive surgery times two" as well as operative process to the right wrist as described above. Physical examination findings showed restricted range of motion bilaterally at the wrist with tenderness to palpation over the ulnar and radial aspects with a positive Tinel's and Phalen's testing bilaterally. Recommendations at that time were for electrodiagnostic studies of the bilateral upper extremities to evaluate for peripheral nerve injury versus recurrent neuropathic entrapment. Also recommended at that time was surgical consultation for the underlying diagnosis of bilateral TFCC injuries to the wrists. Further review of the clinical records indicates that the claimant has also undergone a left endoscopic carpal tunnel release with extensor tenolysis of the index through little digit and prior extensor tendon repair on 05/04/12. There is no documentation of post-operative electrodiagnostic studies for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and Nerve Conduction Study of Left Upper Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Based on California ACOEM Guidelines, the request for electrodiagnostic studies of the left upper extremity would be supported. The claimant has continued evidence of neuropathic and neurologic findings on examination that would warrant evaluation by repeat electrodiagnostic testing. There is evidence of prior decompressive procedure with positive findings of nerve compression at the wrist. The request for post-operative electrodiagnostic studies given the claimant's time frame from surgery and continued positive clinical presentation would be medically necessary.