

Case Number:	CM14-0180621		
Date Assigned:	11/05/2014	Date of Injury:	04/07/2014
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 36 years old female with an injury date on 04/07/2014. Based on the 09/23/2014 progress report provided by the treating physician, the diagnoses are right wrist derangement with a tear of the distal radial ulnar ligament and low back strain/sprain with radiculopathy. According to this report, the patient complains of "having a lot discomfort and pain in her wrist." Physical exam reveals discomfort at the dorsal surface of wrist. Range of motion is decrease. "Positive for signs of CTS." MRI of the right wrist on 05/19/2014 reveals "dorsal subluxation of the radius at the distal radio ulnar joint thought secondary to a tear of the dorsal radio lunar collateral ligament. "There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. The requesting provider provided treatment reports from 04/07/2014 to 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right upper extremity: Overturned

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), Carpal Tunnel Syndrome (updated 02/20/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 09/23/2014 report, this patient presents with "having a lot discomfort and pain in her wrist. "The physician is requesting Electromyography (EMG) right upper extremity but the treating physician's report and request for authorization containing the request is not included in the file. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This patient has not had an EMG. Recommendation is for authorization.

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), Carpal Tunnel Syndrome (updated 02/20/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 09/23/2014 report, this patient presents with "having a lot discomfort and pain in her wrist. "The physician is requesting Nerve conduction velocity (NCV) left upper extremity. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This patient has not had NCV studies. However, in this case, the patient's symptoms are primarily on the right side. There are no clinical suspicions for peripheral neuropathy, CTS or radiculopathy on the left side. Recommendation is for denial.

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), Carpal Tunnel Syndrome (updated 02/20/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 09/23/2014 report, this patient presents with "having a lot discomfort and pain in her wrist. "The physician is requesting Electromyography (EMG) left upper extremity but the treating physician's report and request for authorization containing the request is not included in the file. Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. This patient has not had an EMG. However, in this case, the patient's symptoms are primarily on the right side. There are no clinical suspicions for peripheral neuropathy, CTS or radiculopathy on the left side. Recommendation is for denial.