

Case Number:	CM14-0080661		
Date Assigned:	07/18/2014	Date of Injury:	12/09/2009
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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:

This is a 61 year old female with a 12/9/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/1/14 noted subjective complaints of left wrist pain and left wrist tingling. Objective findings included left wrist swelling. There was decreased range of motion of the left wrist. There were positive phalen's sign and Tinel's sign. Tenderness to palpation was noted over the radial side. There was edema to the ulnar side of the left wrist and forearm. There was decreased sensation to light touch over the medial and lateral left hand. Diagnostic Impression: wrist pain, carpal tunnel syndrome Treatment to Date: medication management. A UR decision dated 5/19/14 denied the request for NCV/EMG for left upper extremity/wrist. The details regarding the patient's previous treatments and studies were not provided with subjective or objective gains from any conservative care. It is not clear how the findings of this test would impact the patient's treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

NVC for left upper extremity/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter.

Decision rationale: The California MTUS criteria for NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There are subjective and objective findings consistent with carpal tunnel syndrome. However, there is no mention in the documents provided for review of any notable program of conservative treatment such as physical therapy or nocturnal splinting. Therefore, the request for NCV for left upper extremity/wrist was not medically necessary.

EMG for left upper extremity/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back.

Decision rationale: The California MTUS criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There are subjective and objective findings consistent with carpal tunnel syndrome. However, there is no mention in the documents provided for review of any notable program of conservative treatment such as physical therapy or nocturnal splinting. Therefore, the request for EMG for left upper extremity/wrist was not medically necessary.