

Case Number:	CM14-0094940		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2012
Decision Date:	10/14/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Internal 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:

The injured worker is a 38 year old female who initially presented with carpal tunnel syndrome symptoms. The operative note dated 12/04/13 indicates the injured worker undergoing a left sided carpal tunnel release. The clinical note dated 12/19/13 indicates the injured worker showing a positive Tinel's sign at the left elbow. The left wrist surgical incision was identified as healing well. Diminished sensation was identified at the ulnar distribution on the left. The note indicates the injured worker having initiated a hand therapy program. The note also indicates the injured worker continuing the use of a wrist brace. The clinical note dated 02/06/14 indicates the injured worker continuing with elbow pain. The clinical note dated 02/27/14 indicates the injured worker complaining of left hand swelling. Subjective complaints of range of motion limitations were identified. The clinical note dated 04/29/14 indicates the injured worker complaining of pain at the medial region of the elbow. The utilization review dated 05/28/14 resulted in a denial as no information had been submitted confirming the medical need for electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand 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): 177-178.

Decision rationale: The request for electrodiagnostic studies of the left upper extremity is not medically necessary. The documentation indicates the injured worker having undergone a carpal tunnel release at the left wrist. Electrodiagnostic studies are indicated for injured workers with neurologic deficits identified in the affected areas. No information was submitted regarding the injured worker's findings consistent with neurological deficits. Therefore, it is unclear as to the need for the requested diagnostic exams.

Electromyography Left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The request for electrodiagnostic studies of the left upper extremity is not medically necessary. The documentation indicates the injured worker having undergone a carpal tunnel release at the left wrist. Electrodiagnostic studies are indicated for injured workers with neurologic deficits identified in the affected areas. No information was submitted regarding the injured worker's findings consistent with neurological deficits. Therefore, it is unclear as to the need for the requested diagnostic exams.