

Case Number:	CM15-0014788		
Date Assigned:	02/02/2015	Date of Injury:	12/14/2011
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 12/14/2011 due to an unspecified mechanism of injury. On 12/16/2014, she presented for a follow up evaluation regarding her work related injury. She reported pain in the bilateral wrists and long finger on the right with stiffness and swelling throughout the whole finger as well as numbness and tingling in the 2nd and 3rd fingers on the left. A physical examination showed tenderness along the long finger but not along the A1 pulley and there was no triggering present. She had decreased sensation along the 2nd and 3rd fingers on the right in comparison to the others and she could make a fist bilaterally with both hands. She was also noted to have generalized weakness bilaterally. She was diagnosed with bilateral carpal tunnel status post carpal tunnel release on the right with persistent symptomatology. The treatment plan was for an EMG and NCV of the bilateral upper extremities and an MRI of the right wrist without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) / NCV (Nerve Conduction Velocity) bilateral upper extremities:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel-Electrodiagnostic Testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines indicate imaging and electrodiagnostic testing may be considered when there is evidence of unequivocal objective findings that identify specific nerve compromise on the neurologic examination after failure of conservative care. The documentation provided does show that the injured worker has evidence of nerve compromise with her physical examination findings of decreased sensation. However, there was a lack of documentation showing that she has undergone any recommended conservative treatment to support the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI without contrast right wrist: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that for those presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The documentation provided does not support that the injured worker has undergone at least 4 to 6 weeks of conservative care to support the request for an MRI of the right wrist. Also, there was a lack of documentation showing that she has any significant functional deficits in the right wrist. Therefore, the request is not supported. As such, the request is not medically necessary.