

Case Number:	CM15-0116050		
Date Assigned:	06/24/2015	Date of Injury:	06/01/1992
Decision Date:	07/28/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/16/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial injury on June 1, 1992. The injured worker reported fall resulting in injury to neck, shoulders, back, ribs, hands, wrists, right hip, knees and ankles. The injured worker was diagnosed as having bilateral trigger thumbs with active bilateral flexor tenosynovitis, bilateral thumb carpometacarpal osteoarthritis, bilateral median nerve entrapment of the wrists, bilateral ulnar nerve entrapment at the elbows, right thumb and small finger osteoarthritic changes and right index finger tenosynovitis without triggering now. Treatment to date has included bilateral knee replacement, therapy, electromyogram, nerve conduction study, splints and medication. A progress note signed June 10, 2015 provides the injured worker complains of bilateral elbow, left hand pain and right ginger triggering and numbness and tingling. Physical exam notes left elbow positive Tinel's sign and tenderness on palpation of the thumb, right elbow is positive Tinel's and flexion test. The right wrist is positive Tinel's, Phalen's and Durkan's test. The thumb is tender on palpation with positive grinding. There is triggering of the right thumb and index finger. Electromyogram and nerve conduction study of the left upper extremity were reviewed. It is noted that negative studies for cubital tunnel syndrome does not mean the injured worker does not have symptoms. The plan includes electromyogram and nerve conduction study of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Flexion block splints (bilateral x2) for nightly use for the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: This is a 68 year-old woman who slipped and fell on a muddy sidewalk in 1992, string her knees, ribs, right hip, shoulders, ankles and back. She had both knees replaced (2011 & 2012). The request is now for bilateral flexion block splints for both upper extremities. The patient has subjective tingling and pain in both upper extremities. An EMG/NCV was normal in the left upper extremity. There is otherwise no documentation of sensory or motor changes in the upper extremities and specifically no decreased sensation, weakness or clawing of the hands. This request is deemed not medically necessary.

1 EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The request for EMG/NCV of the right upper extremity is not medically necessary. The claimant's injury was 23 years ago, occurring when she slipped and fell, injuring both wrists and hands. She previously had an EMG/NCV of her left upper extremity which was normal. The medical records demonstrate no evidence of sensory or motor changes in the upper extremities, such as weakness, numbness or clawing of the hand. Therefore the request is deemed not medically necessary.