

Case Number:	CM15-0127266		
Date Assigned:	07/13/2015	Date of Injury:	05/15/2013
Decision Date:	08/07/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 56 year old female with an industrial injury dated 05/15/2013. The injured worker's diagnoses include bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral overuse upper extremity syndrome and flexor carpi ulnaris tenosynovitis. Treatment consisted of diagnostic studies, prescribed medications, hand therapy, home exercise therapy and periodic follow up visits. In a progress note dated 05/07/2015, the injured worker reported that her hands were still numb. Objective findings revealed negative Phalen's and decrease grip strength on the left. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for electromyography and nerve conduction studies of the bilateral wrists now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography and nerve conduction studies of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM chapter on hand and wrist complaints states: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The patient has had symptoms for greater than 4-6 weeks. However, the diagnosis of carpal tunnel syndrome has already been established. Therefore, the need for the requested test is not medically necessary and the request is not certified.