

Case Number:	CM15-0071214		
Date Assigned:	04/21/2015	Date of Injury:	07/01/2013
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old man sustained an industrial injury on 7/1/2013 after moving heavy drums onto a pallet. Evaluations include left wrist x-rays and right wrist MRI dated 3/29/2014. Diagnoses include right wrist arthritis with probable nerve compression and left wrist arthritis with tenosynovitis. Treatment has included oral medications, splinting, home exercise program, and injection. Physician notes dated 1/16/2015 show complaints of left wrist pain. Recommendations include electromyogram/nerve conduction study and follow up with the hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) electromyography (EMG) and/or Nerve Conduction Velocity (NCV) studies of the left upper extremity as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The injured worker sustained a work related injury on 7/1/2013. The medical records provided indicate the diagnosis of right wrist arthritis with probable nerve compression and left wrist arthritis with tenosynovitis. Treatment has included oral medications, splinting, home exercise program, and injection. The medical records provided for review do indicate a medical necessity for One (1) electromyography (EMG) and/or Nerve Conduction Velocity (NCV) studies of the left upper extremity as an outpatient. The records indicate the injured worker has numbness and tingling sensations in the wrist, and there is suspicion of impingement or compression. The MTUS recommends electrical studies (Electromyography and nerve conduction studies) in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks.