

Case Number:	CM15-0079221		
Date Assigned:	04/30/2015	Date of Injury:	06/12/2013
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 33 year old female sustained an industrial injury to the left upper extremity on 6/12/13. Previous treatment included magnetic resonance imaging, left wrist arthroscopy with debridement of triangular fibrocartilage complex (10/27/14), physical therapy, injections, splinting and medications. In a progress note dated 3/26/15, the injured worker reported developing numbness and tingling to the ring and small fingers. The injured worker reported improvement to pain following a steroid injection to the elbow (2/19/15) but the pain recurred after two weeks with subsequent development of numbness and tingling. Current diagnoses included medial epicondylitis left elbow, possible early cubital tunnel syndrome left elbow and triangular fibrocartilage complex tear left wrist. The treatment plan included pain management consultation and requesting authorization for electromyography/nerve conduction velocity test left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emg/Ncv left upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter 10, page 1 - 53, Chapter 11, 253 - 279. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition.

Decision rationale: The patient is a 33 year old female with an injury on 06/12/2013. She had left wrist surgery on 10/27/2014 and on 03/26/2015 developed finger 4 and 5 tingling and numbness. Previously on 02/19/2015 an elbow steroid injection improved the left wrist pain and finger numbness but then it reoccurred. She has developed red flag signs and a change in clinical course. There is a question of left cubital tunnel syndrome (since the pain and numbness/tingling initially improved with an elbow steroid injection) or a complication or surgery causing carpal tunnel syndrome or just the development of left carpal tunnel syndrome and a let upper extremity EMG/NCS is the only method to differentiate these conditions and the need for possible repeat surgery. The requested testing is medically necessary.