

Case Number:	CM15-0079857		
Date Assigned:	05/04/2015	Date of Injury:	10/17/2014
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male patient who sustained an industrial injury on 10/17/2014. He had initial complaint of acute onset of right arm, shoulder, hand and wrist pain after having had fallen. A primary treating office visit dated 01/08/2015 reported the patient with subjective complaint of right upper extremity pain. He stated the pain is occurring frequently in the right shoulder with radiating pain into the arm. He is not currently taking any medications. The following diagnoses are applied: right wrist pain likely sprain, rule out fracture; right hand pain worse on MCP joints likely sprain of joints; right elbow contusion, rule out right cubital tunnel syndrome. Another primary treating office visit dated 02/12/2015 reported the patient with subjective complaint of right shoulder, elbow, and wrist pain that radiates down into the right hand associated with numbness. The following diagnoses are applied: right wrist pain rule out sprain/strain; right elbow pain rule out cubital tunnel syndrome, strain/sprain; and right shoulder pain rule out rotator cuff impingement. The plan of care involved: continue with Ibuprofen 800mg BID; compound analgesia cream, recommending physical therapy sessions; injection, nerve conduction study and return for follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Electrodiagnostic studies (EDS).

Decision rationale: The claimant sustained a work injury more than five years ago and continues to be treated for nonradiating low back pain. When seen, pain was rated at 8/10. There was sciatic notch tenderness with decreased lumbar spine range of motion the claimant sustained a work injury in October 2014 and continues to be treated for radiating right elbow pain. When seen, he had decreased grip strength and sensation. Physical examination findings included medial and lateral epicondyle and cubital tunnel tenderness. There was decreased fourth and fifth finger sensation. An electro diagnostic study (EDS) is recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury as well as for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). In this case, the claimant's complaints and physical examination findings are consistent with possible cubital tunnel syndrome. He has a repetitive motion cumulative trauma injury. The requested testing is within the recommended guideline and therefore is medically necessary.