

Case Number:	CM15-0091094		
Date Assigned:	05/15/2015	Date of Injury:	12/03/2014
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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 Jersey

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 47 year old female who sustained an industrial injury on 12/03/2014. Current diagnoses include flattening of the median nerve, scapholunate ligament sprain right, and arthropathy at the 1st carpometacarpal joint right. Previous treatments included medication management, right wrist splint, right tennis elbow band, and physical therapy. Previous diagnostic studies include an MRI of the right wrist and mid-hand. Report dated 04/17/2015 noted that the injured worker presented with complaints that included persistent right hand/wrist pain with radiating pain up the right arm to the right trapezius with associated numbness and tingling in the right hand and arm. Also noted is new right shoulder pain, left hand, and wrist and forearm. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for Tinel's test on the right wrist, tenderness in the right wrist, and range of motion, which causes pain. The treatment plan included requests for EMG/NCS, tramadol, physical therapy, and follow up in one month. Disputed treatments include muscle test 2 limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 261.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker with some suggestive evidence of carpal tunnel syndrome, nerve testing to help clarify the nonspecific symptoms reported. Although it is unlikely to be cervical spinal neuropathy and there is also evidence of tendinopathy and muscle/tendon straining, the testing may help confirm carpal tunnel syndrome if positive which could help guide suggestions for treatment. Therefore, the request for EMG and NCS will be considered medically unnecessary.