

Case Number:	CM14-0146455		
Date Assigned:	09/12/2014	Date of Injury:	10/27/2013
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female who reported an injury on 10/27/2013. The mechanism of injury was not provided. On 03/03/2014, the injured worker presented with significant right wrist pain. Upon examination, there was substantial tenderness directly over the right carpal tunnel with attenuated sensation in the median innervated digits. There was a positive Tinel's, Phalen and Durkin's signs. The diagnosis was right carpal tunnel syndrome. Diagnostic studies to the right upper and left upper extremity were abnormal and revealed chronic mild right C6-7 radiculopathy, and median nerve pathology of the right wrist affecting both median sensory and motor fibers in the carpal tunnel segment. Prior therapy included medications. The provider recommended electrodiagnostic studies of the bilateral upper extremities. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm, Electrodiagnostic studies (EDS)

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

Decision rationale: The California MTUS/ACOEM Guidelines state that most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation fails. Most injured workers improve quickly, provided red flag conditions are ruled out. In cases of nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. There is lack of documentation of the injured worker's previous courses of conservative treatment and the efficacy of those treatments. Additionally, the injured worker has had previous bilateral upper extremity diagnostic testing done and the findings were abnormal. The provider's rationale for a repeat electrodiagnostic study was not provided. As such, medical necessity has not been established.