

<b>Case Number:</b>	CM13-0007136		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 California. 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 male, who sustained an injury on February 2, 2012. The mechanism of injury occurred from a smashing injury to the left hand little finger. Findings from an exam dated March 21, 2013, included complaints of pain and tenderness along a surgical scar, with a grip strength of Jamar 40 pounds on the left and 90 pounds on the dominant right-side and full range of motion of the left hand. Diagnostics have included: July 1, 2013 x-rays which were reported as showing an unhealed fracture of the ulnar styloid; electrodiagnostic study dated August 9, 2013, was reported as showing a normal study due to prolongation of the left median sensory latency with otherwise normal motor nerve conduction velocity of the left median nerve and left ulnar and radial nerves, with significant improvement in the left median nerve showing normal latencies from the motor median nerve and persistent prolongation of the left median sensory latency. The treatments have included hospitalization for infection, compartment syndrome and necrotizing myositis with subsequent Methicillin-resistant Staphylococcus aureus (MRSA); occupational therapy; medications; psych consult. The current diagnoses are: status post left forearm and hand fasciotomy or compartment syndrome with necrotizing myositis; severe neurological sequelae with complex regional sympathetic dystrophy; post-traumatic stress disorder (PTSD); depression. The stated purpose of the request for nerve conduction study (NCS) left upper extremity (LUE) was because of continued sensory loss in the median nerve distribution and "to establish trend" with two prior studies. The request for NCS LUE was denied on July 23, 2013, citing a lack of documentation of a recent exam, results of a previous similar study, along with reported continued objective improvement. Per an agreed medical evaluator (AME) exam dated July 1, 2013, the injured worker complained of pain and sensitivity along the surgical scar, with left forearm shocking sensation and left small finger triggering. The exam showed: left forearm atrophy, abnormal sensation to the left long

finger, mid forearm tenderness, negative Tinel's sign at the elbow, markedly tender median nerve in the distal mid forearm. Per the most recent report dated August 20, 2013, the treating physician noted a positive Tinel's sign midway down his forearm scar, full range of motion of the left wrist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nerve conduction study (NCS) left upper extremity (LUE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand and chronic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272-273.

**Decision rationale:** The requested nerve conduction study (NCS) left upper extremity (LUE) is not medically necessary. Per CA MTUS/ACOEM guidelines, electrodiagnostic studies are recommended when there are "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." In this case, the injured worker has pain and sensitivity along the surgical scar. The treating physician has documented continued objective improvement. Also, other than a positive Tinel's sign in the mid forearm and forearm tenderness, there is insufficient documented physical exam evidence of nerve impingement. Finally, the only acute clinical change documented since the date of the previous electrodiagnostic studies was objective improvement. Based on the currently available information, the request is not medically necessary.