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| Case Number: | CM13-0021887 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 01/15/2013 |
| Decision Date: | 01/07/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 25-year-old male who reported a work-related injury on 01/15/2013 as result of a crush injury. The 07/22/2013 clinical note documents the patient underwent electrodiagnostic studies of the right upper extremity under the care of [REDACTED]. The provider documents the patient presented with normal diagnostic studies. There was no evidence of any ulnar, median, or radial nerve compression or entrapment neuropathy evidenced to the hand, wrist, or elbow. The clinical note dated 09/25/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with subjective complaints of ongoing right hand pain, swelling, and numbness associated with previous surgery; the patient underwent a right hand 5th MCP non-union with an open reduction and internal fixation in 01/2013. The provider documents the patient's plate had broken and the patient reports he is having difficulty utilizing his right hand with increased pain when using the hand. Upon physical exam, there is decreased range of motion of the right hand, particularly, the little finger. There is decreased sensation over the volar aspect of the right hand. There is increased pain over the scar area of the dorsal surface of the 5th digit with decreased motion of the small finger and the patient is unable to fully flex the finger which ultimately stays in the extended position sticking out. The provider documents the patient was recommended to bring a copy of electrodiagnostic studies for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) and electromyography (EMG) studies.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: The clinical notes lack evidence to support rationale for repeat electrodiagnostic study of the patient's right upper extremity. Review of the clinical notes document the patient has suspicions of presenting with right carpal tunnel syndrome; however, given the patient underwent electrodiagnostic studies in 7/2013 with no noted pathology evidenced and the patient does present with broken hardware, which would be indicative of the patient's current symptomatology, the request for NCV/EMG studies would not be supported. The request for NCV/EMG studies of the right upper extremity is not medically necessary and appropriate.