

<b>Case Number:</b>	CM13-0023880		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Georgia and 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 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 29-year-old male who reported an injury on 01/07/2013. The mechanism of injury was stated as a wood chipper machine "grabbed" his right hand and sliced his fingertips. His symptoms include pain in his right hand and fingers. Diagnoses are noted as status post abrasion to the 2nd finger dorsal surface, status post right 5th finger distal evulsion, and right hand paresthesias. Objective findings include some mild reduction in range of motion of the right hand and fingers, pain with dorsiflexion, right hand grip strength was 42 kg, left hand grip strength was 48 kg, loss of sensation to light touch on the palmar side to the thumb, to the 2nd finger, to the 4th and 5th fingers, and his reflexes were noted to be normal. A plan was noted for nerve conduction velocity and electromyography studies of the right upper extremity due to numbness, tingling, and weakness in that hand, as well as physical therapy 2 times per week for 6 weeks for the right hand and fingers, as it was stated he had not previously received therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS).

**Decision rationale:** According to California MTUS/ACOEM Guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 weeks to 6 weeks, electrical studies may be indicated. More specifically, the Official Disability Guidelines state that electrodiagnostic studies are recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography. The patient was noted to have an injury to his right hand and fingers. There was no documentation of a closed fracture of the distal radius or ulna to necessitate nerve conduction velocity studies to assess nerve injury, and an EMG is not recommended without prior NCV studies. Therefore, the requested EMG is not medically necessary or appropriate.

**Nerve conduction study (NCS) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Electrodiagnostic studies (EDS).

**Decision rationale:** According to California MTUS/ACOEM Guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 weeks to 6 weeks, electrical studies may be indicated. More specifically, the Official Disability Guidelines state that electrodiagnostic studies are recommended as an option after closed fractures of distal radius and ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography. The patient was noted to have an injury to his right hand and fingers. There was no documentation of a closed fracture of the distal radius or ulna to necessitate nerve conduction velocity studies to assess nerve injury. Therefore, the requested NCS is not medically necessary.

**Physical therapy to treat the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state that physical medicine is recommended for patients with neuralgia, neuritis, or radiculitis as 8 visits to 10 visits over 4 weeks. The guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient was noted to have functional deficits to his right hand and fingers; however, the request for physical therapy was not specific as to how many visits the patient would be receiving and the duration of treatment. With the absence of this information, a recommendation for physical medicine cannot be made at this time. Therefore, physical therapy is not medically necessary or appropriate at this time.