

Case Number:	CM13-0048779		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2013
Decision Date:	02/26/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/06/2013

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 and 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 30-year-old male who reported an injury on 06/19/2013. The patient's diagnoses include pain in joint of hand, enthesopathy wrist/carpus, subchondral cyst to left hand, and ABN to left wrist. MRI of the left hand dated 10/24/2013 revealed subchondral cyst formation within the 1st and 5th metacarpal heads. A request has been made for EMG/NCV of the bilateral upper extremities and chiropractic sessions 2 times a week for 6 weeks to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The clinical documentation dated 09/13/2013 stated the patient's diagnosis was tenosynovitis of the left wrist. Decreased flexion secondary to pain was noted on exam of the left first digit. Finkelstein's test was positive. It was noted the patient would start therapy for the left hand 3 times a week for 2 weeks and would be re-evaluated in 2 weeks. The clinical note dated 12/04/2013 stated the patient complained of increased pain to the left hand and decreased

pain to the left wrist. Per the California Medical Treatment Guidelines, electromyography and nerve conduction velocity studies are not recommended for tenosynovitis. Guidelines further state in cases of peripheral nerve impairment, if no improvement or worsening has occurred within 4 to 6 weeks then electrical studies may be indicated. There were no subjective or objective findings of neurological issues noted for the patient within the submitted clinical documentation. There was no physiological evidence of nerve dysfunction noted in the patient. As such, the decision for EMG/NCV of the bilateral upper extremities is non-certified.

Chiropractic sessions two (2) times a week for six (6) weeks to the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Recent clinical documentation dated 12/04/2013 stated the patient wanted to discontinue chiropractic due to no improvement. The treatment plan noted acupuncture 2 times a week times 4 weeks for the left hand. California Medical Treatment Guidelines for Chronic Pain state that manual therapy and manipulation is not recommended for the forearm, wrist, and hand. There was no physical exam or functional deficits noted for the patient to warrant further therapy. Therefore, the decision for chiropractic sessions 2 times a week for 6 weeks to the left hand is non-certified.