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| Case Number: | CM13-0052405 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/06/2011 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 31-year-old male who reported an injury on 09/06/2011. The mechanism of injury is noted to be a motor vehicle accident. He is diagnosed with cervical sprain/strain; status post left ulnar/radius fracture; status post ORIF left forearm; bilateral knee contusions; and head trauma. He saw his primary treating physician on 10/24/2013 and it was noted that an MRI of the left shoulder revealed impingement and tendonitis, his left forearm had a well healed volar incision, and he had tenderness over the hardware and fracture site. There was also tenderness over the medial lateral condyles of the elbow, over the TFCC of the wrists, and the patient had a positive Finkelstein's and impingement test in the left upper extremity. A recommendation was made to follow-up with his hand surgeon. The patient saw his orthopedic surgeon on 10/30/2013. His notes are handwritten and mostly illegible but indicate that the patient was seen status post left radius and ulnar fracture repair and removal of hardware. His objective findings indicate that his sensation is intact, he had mild tenderness to palpation, his scar was well healed, and there was good alignment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITY: Upheld

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

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, & Hand, Electrodiagnostic studies (EDS).

Decision rationale: According to ACOEM Guidelines, in cases of peripheral nerve impingement, if there is no improvement or worsening of symptoms after 4 to 6 weeks of conservative treatment, 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 a nerve injury. When necessary, this testing should include nerve conduction velocities, with the addition of electromyography only when the diagnosis with nerve conduction studies is difficult. The clinical information submitted for review indicated that the patient did have a left ulnar/radius fracture. However, the clinical information submitted for review failed to provide any clear evidence of neurological findings suggestive of a nerve injury. Further, there was no indication that the patient had previous nerve conduction velocities which were non-diagnostic to warrant the addition of electromyography. For the reasons noted above, the request is non-certified.