

Case Number:	CM13-0065059		
Date Assigned:	06/09/2014	Date of Injury:	02/14/2012
Decision Date:	08/01/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery, and is licensed to practice in 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 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 30-year-old male who reported an injury on 2/14/12. The injured worker reportedly struck his left hand between the index finger and thumb with a sledge hammer while pounding a metal plate. Current diagnoses include status post left hand crush injury, left thumb basal joint arthralgia, right rule out left cubital tunnel syndrome, rule out left scaphoid ligament tear, cervical spine strain, and complaints of depression, anxiety and sleep difficulty. Previous conservative treatment includes chiropractic therapy. The injured worker was evaluated on 6/4/13 with complaints of constant neck pain and left wrist/hand pain. Physical examination revealed positive elbow flexion testing on the left, tenderness at the first carpometacarpal joint, tenderness of the triangular fibrocartilage complex/ulnocarpal ligament, and intact sensation. X-rays of the right and left hand obtained in the office on that date indicated no acute changes. Treatment recommendations at that time included an MR arthrogram of the left wrist, an MRI of the cervical spine, and electrodiagnostic testing in the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms has occurred, electrical studies may be indicated. As per the documentation submitted, there is no evidence of a significant neurological or musculoskeletal deficit with regard to the bilateral upper extremities. The injured worker's physical examination only revealed tenderness to palpation. The medical necessity for the requested electrodiagnostic study has not been established. As such, the request is not medically necessary.

NERVE CONDUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms has occurred, electrical studies may be indicated. As per the documentation submitted, there is no evidence of a significant neurological or musculoskeletal deficit with regard to the bilateral upper extremities. The injured worker's physical examination only revealed tenderness to palpation. The medical necessity for the requested electrodiagnostic study has not been established. As such, the request is not medically necessary.