

Case Number:	CM14-0002508		
Date Assigned:	02/04/2014	Date of Injury:	05/16/2013
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopaedic Surgery 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 injured worker is a 35-year-old male who was injured on May 16, 2013. The injury is described as a puncture wound to the volar aspect of the left wrist occurring from a nail gun entering approximately 1.25 inches the wrist. The physical examination is documented as having occurred on September 12, 2013. This form is comprised entirely of checkboxes and indicates an injury to the left wrist and hand. There are subjective complaints of upper extremity pain and numbness and tingling on the left. There are no documented objective findings. The physical exam from the November 14, 2013 note indicates numbness and tingling in the left ring finger on palpation scar. Additionally, there is a positive prayer sign and a positive Durkan's test. A hand written progress note from December 11, 2013 is also provided, that the objective findings are almost entirely illegible. A typed PR-2 note dated December 12, 2013 indicates continued complaints of numbness and tingling in the left hand. Exam findings are comparable to the November 14, 2013 encounter. The utilization review in question was rendered on December 20, 2013. The reviewer noncertified request for Nerve Conduction Velocity (NCV) study/ electromyography of both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Forearm, Wrist and Hand Chapter.

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

Decision rationale: There are no objective findings on the right upper extremity to indicate neurologic compromise. As such, the requested electrodiagnostic study of the right upper extremity is considered not medically necessary.

NCV OF THE LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Forearm, Wrist and Hand Chapter.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) recommends the use of electrodiagnostic studies for the upper extremity when there is concern for nerve entrapment on examination. Based on clinical documentation provided, despite conservative measures including physical therapy and medications the injured worker continues to have numbness and tingling in the left upper extremity. As such, the request is considered medically necessary.

EMG LEFT UPPER EXTREMITY: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Forearm, Wrist and Hand Chapter.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) recommends the use of electrodiagnostic studies for the upper extremity when there is concern for nerve entrapment on examination. Based on clinical documentation provided, despite conservative measures including physical therapy and medications the injured worker continues to have numbness and tingling in the left upper extremity. As such, the request is considered medically necessary.

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Forearm, Wrist and Hand Chapter. ,

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

Decision rationale: There are no objective findings on the right upper extremity to indicate neurologic compromise. As such, the requested electrodiagnostic study of the right upper extremity is considered not medically necessary.