

<b>Case Number:</b>	CM14-0007630		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine, 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 48-year-old male who has submitted a claim for amputation, hypersensitivity, and digital radial neuroma of the left middle finger associated with an industrial injury date of May 18, 2011. Medical records from 2013 were reviewed. The patient complained of chronic pain and sensitivity along the radial aspect and radial tip of the left middle finger. Physical examination showed missing distal one and a half inches of the left middle finger, slight bulbous soft tissue formation at the tip of the left middle finger, decreased light touch sensation at the ulnar tip of the left index finger, hypersensitivity with light stroking and a positive Tinel's with gentle tapping at the radial aspect of the stump. Treatment to date has included NSAIDs, opioids, antidepressants, postoperative physical therapy, and left middle finger amputation (5/18/11). Utilization review from December 12, 2013 denied the request for EMG/NCV of bilateral upper extremities because there are no clinical history, symptoms, examination findings, or diagnosis that would suggest nerve injury at the cervical spine, elbow/forearm, or wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF BILATERAL UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with signs and symptoms localized to the stump of the left middle finger. History and physical examination of the patient is consistent with the diagnosis of left digital radial neuroma. In addition, the patient is being considered for exploration and excision of the neuroma. However, there were no reports of signs and symptoms of possible radiculopathy in the upper extremities aside from the left middle finger stump. Moreover, there were no reports as to the status of the right upper extremity. Performing an EMG in an unaffected limb is not medically necessary. Therefore, the request for EMG of bilateral upper extremities is not medically necessary.

**NCV OF BILATERAL UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with signs and symptoms localized to the stump of the left middle finger. History and physical examination of the patient is consistent with the diagnosis of left digital radial neuroma. A detailed physical examination of the patient's left upper extremity does not clearly suggest radiculopathy. However, there were no reports as to the status of the right upper extremity. Performing a NCV in an unaffected limb is not medically necessary. Therefore, the request for NCV of bilateral upper extremities is not medically necessary.