

Case Number:	CM14-0007798		
Date Assigned:	02/10/2014	Date of Injury:	11/04/2008
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/17/2014

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 Family Practice 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 65 year old male who sustained a crush injury to the right hand on 11/04/08 due to malfunctioning machine. The patient sustained almost a complete amputation of the right hand. Ultimately the patient had complete amputation of the right hand performed. It appeared that the patient received prior treatment including individual psychotherapy. The clinical record from [REDACTED] on 02/14/12 noted previous electrodiagnostic studies showing evidence of left median and left median ulnar and radial nerve plexopathy consistent with evidence of peripheral neuropathy. This study was not available for review. The patient appeared to have reinitiated treatment with [REDACTED] on 12/19/13 with complaints of pain in the right elbow with a burning type sensation. At this evaluation the patient was utilizing hydrocodone 5/325mg twice daily and codeine. On physical examination there were associated spasms in the right wrist with good range of motion in the bilateral shoulders. Spasms were also present in the right elbow. The patient was recommended to start gabapentin for possible reflex sympathetic dystrophy versus phantom limb pain. Anti-inflammatories were discontinued. Urine drug screen results from toxicology results were positive for hydrocodone in 12/13. Clinical record form 01/20/14 continued to note burning pain in the right upper extremity with severe pain 10/10 on VAS without medications. There was again concern regarding development of CRPS versus RSD. The requested electrodiagnostic studies including EMG/NCV of right upper extremity were denied by utilization review on 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) UPPER EXTREMITIES RIGHT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: In regards to the request for right upper extremity electrodiagnostic studies including EMG/NCV, this reviewer would have recommended these studies as medically necessary. The patient sustained traumatic amputation of the right hand on the date of injury. Although there was noted gap in clinical documentation, the recent evaluations were concerning for possible development of reflex sympathetic dystrophy versus phantom limb pain. Given the continuing neurological symptoms including burning type dyesthesia in the right upper extremity electrodiagnostic studies including EMG/NCV would have been appropriate to rule out RSD as a possible diagnosis. The use of electrodiagnostic studies including EMG/NCV for the right upper extremity would have provided additional clinical information at this time to help delineate the ongoing treatment. Therefore this reviewer would have recommended this test as medically necessary.

NERVE CONDUCTION VELOCITIES (NCV) UPPER EXTREMITIES RIGHT:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOREARM, WRIST AND HAND CHAPTER, SURGERY FRO METACARPAL FRACTURES

Decision rationale: In regards to the request for right upper extremity electrodiagnostic studies including EMG/NCV, this reviewer would have recommended these studies as medically necessary. The patient sustained traumatic amputation of the right hand on the date of injury. Although there was noted gap in clinical documentation, the recent evaluations were concerning for possible development of reflex sympathetic dystrophy versus phantom limb pain. Given the continuing neurological symptoms including burning type dyesthesia in the right upper extremity electrodiagnostic studies including EMG/NCV would have been appropriate to rule out RSD as a possible diagnosis. The use of electrodiagnostic studies including EMG/NCV for the right upper extremity would have provided additional clinical information at this time to help delineate the ongoing treatment. Therefore this reviewer would have recommended this test as medically necessary.

