

Case Number:	CM14-0103577		
Date Assigned:	07/30/2014	Date of Injury:	01/22/2014
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 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:

This is a 43 year old male who reported an industrial injury to the right hand on 1/22/2014, eight months ago, attributed to the performance of his customary job tasks. The patient was reported to have a crush injury to the right long finger. The patient complained of right hand and fourth digit pain which was assessed as 75% improved. The patient underwent surgical intervention on 01/26/2014 with date pending and nail bed repair of the distal phalanx comminuted fracture. The patient underwent postoperative rehabilitation physical therapy. The objective findings on examination included positive Tinel's and Phalen's sign over median and ulnar nerves right hand. The treatment plan for the patient was to refer to a hand surgeon for further evaluation and obtain and Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 page 127.

Decision rationale: The request for the authorization of a consultation and referral to a Hand Surgeon for the cited diagnoses is not supported with the objective findings documented. The patient is noted to have received pending of a distal phalanx fracture along with nail bed repair and is improved subsequent to postoperative rehabilitation. The only objective findings on examination other than tenderness were positive Tinel's sign positive Phalen's sign. The patient reports no symptoms to the right hand other than tenderness and is healing well. There is no documented surgical lesion to the hand or upper extremity that would require surgical intervention. The patient is referred to a hand surgeon; however, there is no rationale supported with objective evidence to support the medical necessity of further treatment with a hand surgeon. The patient has not been demonstrated to have a surgical lesion and has not been documented to have the criteria recommended for surgical intervention. It is not clear that the continued management of the right hand and upper extremity cannot be accomplished by the PTP. There is no demonstrated medical necessity for the present request for a Hand's surgeon's opinion in relation to the treatment of the right hand/wrist for the effects of the industrial injury. There were no documented objective findings consistent with a surgical lesion that would benefit from a surgical intervention. The ongoing conservative treatment was not demonstrated to have failed. The request is not medically necessary and appropriate.

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253, 261-262. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 48; 178; 261; 298, 301, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-- electromyography; Carpal tunnel syndrome--EDS.

Decision rationale: The patient was requested to have an Electromyography (EMG) of the right upper extremity directed to the diagnosis of crush injury to distal phalanx with repair and rehabilitation. There is no documentation of any neurological deficits to the RUE. There were no noted neurological deficits to the RUE in addition to the crush injury and distal phalanx fracture. The objective findings on examination as documented were limited to the tenderness with palpation and no demonstrated neurological deficits to the Right Upper Extremities (RUE). There were no complaints to the RUE other than subjective complaints and there were no documented objective findings to the RUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of Electrodiagnostic studies of the RUE for an evaluation of a nerve compression neuropathy or radiculopathy. The Electromyography (EMG) of the RUE was ordered as a screening test. The request for the authorization of the EMG of the

right upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the RUE in relation to the DOI. The request is not medically necessary and appropriate.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253, 261-262. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 48; 178; 261; 298, 301, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back--electromyography; Carpal tunnel syndrome--EDS.

Decision rationale: The patient was requested to have an Nerve Conduction Study (NCS) of the right upper extremity directed to the diagnosis of right distal phalanx crush injury and fracture. There is no documentation of any neurological deficits to the Right Upper Extremities (RUE). There were no noted neurological deficits to the RUE, in addition to the crush injury to the finger with subsequent repair. The objective findings on examination as documented were limited to the tenderness with palpation and no demonstrated neurological deficits to the RUE. There were no complaints to the RUE other than subjective complaints and there were no documented objective findings to the RUE that included sensory or motor deficits. There were no peripheral neurological findings or motor/sensory deficits along a dermatomal distribution that would meet the criteria for the authorization of Electrodiagnostic studies of the RUE for an evaluation of a nerve compression neuropathy or radiculopathy. The NCS of the RUE was ordered as a screening test. The request for the authorization of the NCS of the right upper extremity was not supported with any objective clinical findings that demonstrate a neurological deficit or change in neurological status to the RUE in relation to the DOI. The request is not medically necessary and appropriate.