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| Case Number: | CM14-0112328 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 12/18/2012 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 Physical Medicine and Rehabilitation, 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 26-year-old male who sustained an injury on 12/18/12, when the cart he was using to move desktop towers tipped over, one tower landed on his chest and one tower landed on his right hand. He sustained a fracture to the 4th finger and surgery was performed on Jan 2013. As per the report dated 5/27/14, he received an injection to the 3rd finger for pain. He had not received any physical therapy. He has had constant pain to the right hand and fingers. He noted a stinging pain to all four fingers, but mainly the 3rd and 4th. He stated it felt like his hand was overused and weak. The use of the hand increased the pain. On exam, there was a 15 degree flexion contracture of the right finger distal interphalangeal joint. There was tenderness over the right wrist flexion/extension crease and 3rd and 4th fingers. There was positive Phalen's and median nerve compression test. There was diminished light touch to the right median nerve distribution. He was given a wrist brace and placed on anti-inflammatory medication. He received splint, brace, closed reduction and percutaneous pinning of right ring bony mallet finger, application of right ring finger splint on 1/18/13, post op occupation therapy x 16 approx. and injection for pain to the 3rd finger. Diagnoses include history of right ring finger fracture with 15 degrees distal interphalangeal joint flexion contraction and rule out right carpal tunnel syndrome. The request for ultrasound of right hand, electromyography (EMG) bilateral upper extremities, nerve conduction study bilateral upper extremities were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter, Ultrasound, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

Decision rationale: Ultrasound is recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as a new alternative diagnostic modality for the evaluation of CTS. In addition to being of high diagnostic accuracy it is able to define the cause of nerve compression and aids treatment planning. Ultrasound should not substitute for other recommended diagnostic procedures, since Electrodiagnostic testing will be positive in well over 90% of carpal tunnel syndrome cases, perhaps higher if provocative techniques are used, and, for unclear cases, injection can help clarify the diagnosis. In this case, the clinical symptoms are clearly suggestive of Carpal Tunnel Syndrome and NCS has also been requested. Therefore, the request for US is not medically necessary per guidelines.

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

Decision rationale: As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. According to the CA MTUS "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The medical records do not reveal clinically significant findings that establish medical necessity of an EMG of the right upper extremity. In this case, there is no evidence of radiculopathy. There is no documentation of neurological deficits such as decreased reflexes, diminished sensation, or weakness in bilateral lower extremities. Furthermore, the clinical symptoms are clearly suggestive of Carpal Tunnel Syndrome, for which NCS has also been requested. EMG is not medically necessary for the diagnosis of CTS. Thus, the request is non-certified.

Nerve Conduction Study Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

Decision rationale: NCS is recommended in patients with clinical signs of CTS who may be candidates for surgery. Carpal tunnel syndrome must be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken. According to the CA MTUS "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The medical records do not reveal clinically significant findings that establish medical necessity of an EMG of the right upper extremity, as there is no clinical evidence of radiculopathy. Conversely, NCS is medically necessary for the right upper extremity because of evidence of CTS. However, there is no clinical evidence of CTS in the left side to warrant NCS. Furthermore, NCS in the contralateral side is an option in equivocal cases, when comparison study is necessary, which is not the case here. As such, the request for NCS in bilateral upper extremity is non-certified.

Physical Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Preface Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG allows 1-3 physical therapy visits over 3-5 weeks for CTS. The request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary.