

Case Number:	CM14-0116778		
Date Assigned:	09/16/2014	Date of Injury:	11/02/2013
Decision Date:	12/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal 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 55 year old male sustained an injury when he let go of a coil spring he was compressing on November 12, 2013. The results of the injury included pain of lower back, bilateral knees, wrists, and finger. The medical records show that radiographic testing and a MRI were obtained, but there was no documentation of what body site(s) the testing was performed on, and, there are of the specific dates of service or results. On January 1, 2014, the injured worker reported pain of lower back, bilateral knees, wrists, and finger. The treating physician's physical exam revealed moderate pain with painful, restricted range of motion. The physician recommended chiropractic adjustments and/or myofascial release twice a week initially, then with decreasing frequency. The medical records show of chiropractic therapy, trigger point therapy, electric muscle stimulation, heat, ice, vibratory massage, and neuromuscular massage on 1 session on January 1, 2014. On April 1, 2014, the injured worker reported lumbar pain and bilateral knees with loss of range of motion, and bilateral wrist and bilateral ankle pain. The treating physician noted constant lower back pain, bilateral foot pain, and ringing of the ears. The physical exam revealed lumbar muscle spasms at L4-5 (lumbar four-five) and bilateral McMurray testing was positive. Diagnoses included lumbar sprain/strain, degeneration of the lumbar/sacral spine, lateral epicondylitis, wrist tendinitis, knee sprain/strain, chondromalacia patella, heel spur, and hearing loss. The physician recommended stopping therapy, an orthopedic consult, an ENT (otolaryngology) evaluation, and a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker was to remain off work. On June 30, 2014 Utilization Review non-certified a request for electromyography (EMG) of the left middle finger. The electromyography was non-certified based on lack of documentation of neurological findings on physical exam related to the cervical spine or bilateral upper extremities that would be indicate possible radiculopathy or peripheral nerve entrapment. In addition, there was no documentation of the plan of treatment

based on the results of the testing. The Official Disability Guidelines (ODG) - Forearm, Wrist and Hand Chapter, Electrodiagnostic testing (EMG/NCS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for left middle finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter. Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, EMG

Decision rationale: Pursuant to the Official Disability Guidelines, EMG left middle finger is not medically necessary. The guidelines recommend an electrodiagnostic studies after closed fractures of distal radius and all of its necessary to assess nerve injury. Also recommended for diagnosis and prognosis of somatic nerve lesions or other nerve trauma. See ODG for details. In this case, the injured worker is 55 years old with a date of injury November 2, 2013. The injured worker has complaints of lumbar pain, bilateral knee pain, and bilateral ankle pain, and bilateral wrist pain. There is no documentation indicating possible peripheral nerve entrapment or ridiculously. There were no red flags present in the medical record of discussion/rationale for electromyography was not present in the medical record. Consequently an EMG left middle finger is not medically necessary based on the clinical documentation the medical record.