MAXIMUS Federal Services

Case Number:	CM14-0124980		
Date Assigned:	08/11/2014	Date of Injury:	11/26/2013
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Interventional Spine 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 19 year-old male machine operator with an 11/26/13 date of injury . He is reported to have a right index finger injury from getting it caught on a machine. The finger pain was reported to cause a sleep disturbance and anxiety and depression. He has been diagnosed with right index finger distal interphalangeal extensor injury. According to the 7/2/14 orthopedic report from [redacted], the patient presents with right index finger pain, with no new numbness or tingling or loss of bladder control. Exam showed intact sensation to light touch at the right index tip, right dorsal thumb web and right small tip. On 7/30/14 UR denied a request for EMG/NCV of the right upper extremity based on the 7/2/14 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Chapter: Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: MTUS/ACOEM guidelines states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." In this case, the patient injured the tip of his right index finger from direct trauma. The history and subjective complaints and objective findings provided are not consistent with cervical radiculopathy, or carpal tunnel syndrome. There are no clinical findings to suggest peripheral nerve damage. The 7/2/14 report states there is no numbness or tingling and sensory exam of the right hand was intact. There is no rationale for the EMG or NCV provided; there is no reporting as to why the physician believes there is neuropathic pain, or radiculopathy or peripheral neuropathy. The request is not in accordance with MTUS/ACOEM guidelines. Therefore, the request for Nerve Conduction Velocity Right Upper Extremity is not medically necessary and appropriate.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation Chapter Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: MTUS/ACOEM guidelines states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy." In this case, the patient injured the tip of his right index finger from direct trauma. The history and subjective complaints and objective findings provided are not consistent with cervical radiculopathy, or carpal tunnel syndrome. There are no clinical findings to suggest peripheral nerve damage. The 7/2/14 report states there is no numbness or tingling and sensory exam of the right hand was intact. There is no rationale for the EMG or NCV provided; there is no reporting as to why the physician believes there is neuropathic pain, or radiculopathy or peripheral neuropathy. The request is not in accordance with MTUS/ACOEM guidelines. Recommendation is for non-certification. Therefore, the request for EMG of the right upper extremity is not medically necessary and appropriate.