

Case Number:	CM14-0130200		
Date Assigned:	08/20/2014	Date of Injury:	10/18/2013
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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 & 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 injured worker is a 48-year-old female who reported an injury on 10/18/2013 due to an unspecified cause of injury. The injured worker complained of right hand pain. The prior treatments included physical therapy, acupuncture, and medication. The diagnostics included an MRI, x-ray, and a nerve conduction velocity study. The medications included Ambien, trazodone, ibuprofen, and Norco. The physical examination of the right hand dated 07/16/2014 revealed diffusely tender to the right hand with no effusion or edema. Range of motion with flexion at 80 degrees, and extension at 85 degrees. Positive Tinel's at the carpal tunnel was noted. The injured worker was negative for tenderness to palpation over the medial or lateral epicondyle. There was no pain with resisted wrist flexion or extension. The first DC was negative for tenderness to palpation and negative for palpation along the wrist flexors and extensors. Negative Finkelstein's was noted. Motor strength was 5/5 in the thenars. The fingers were pink, warm, and well perfused. The treatment plan included an electromyogram and a nerve conduction velocity study to the right upper extremity. The Request for Authorization dated 08/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, & Hand, Electrodiagnostic studies (EDS)

Decision rationale: The request for the EMG Right Upper Extremity is not medically necessary. The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines indicate that electrodiagnostic studies are recommended as an option after closed fractures of the distal radius and ulnar if necessary to assess nerve injury. The electrodiagnostic testing includes testing for nerve conduction velocities, and possibly the addition of electromyogram (EMG). Among patients seeking treatment for hand and wrist disorders, generally workers' compensation patients underwent more procedures and more doctor's visits than patients using standard healthcare. The guidelines indicate a nerve conduction study may be performed for fractures. The clinical note indicated the injured worker had a nerve conduction study for the right wrist, dated 10/07/2013 and in 04/2012. The nerve conduction study "stable". The clinical notes also indicated that the physical examination did not corroborate exactly, and Kienbock's disease was noted on the MRI scan that also does not corroborate with the physical examination. As such, the request is not medically necessary.

NCS Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, & Hand, Electrodiagnostic studies (EDS)

Decision rationale: The request for the NCS Right Upper Extremity is not medically necessary. The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines indicate that electrodiagnostic studies are recommended as an option after closed fractures of the distal radius and ulnar if necessary to assess nerve injury. The electrodiagnostic testing includes testing for nerve conduction velocities, and possibly the addition of electromyogram (EMG). Among patients seeking treatment for hand and wrist disorders, generally workers' compensation patients underwent more procedures and more doctor's visits than patients using standard healthcare. The guidelines indicate a nerve conduction study may be performed for fractures. The clinical note indicated the injured worker had a nerve conduction study for the right wrist, dated 10/07/2013 and in 04/2012. The nerve conduction study "stable". The clinical notes also indicated that the physical examination did not corroborate exactly, and Kienbock's disease was noted on the MRI scan that also does not corroborate with the physical examination. As such, the request is not medically necessary.