

Case Number:	CM14-0136980		
Date Assigned:	08/29/2014	Date of Injury:	03/13/2012
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine, and is licensed to practice in Illinois. 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 59 year old man who was injured at work. Multiple dates of injury are stated on the attached medical documentation, including Feb 2007 and March 13, 2012. As of March 25, 2014, the worker was placed on modified duty with no heavy lifting of his right upper extremity because of shoulder pain. The last office visit for which records are provided is May 27, 2014. At that time, he complained of right wrist pain on the dorsal side of the wrist and restricted range of motion, originally stemming from an old injury for which he was treated with open reduction and internal fixation, screws and a plate in 2012. This was for a fracture of the right distal radius. He also had a fracture of the ulnar styloid process. The exam is remarkable for restricted range of motion. He also has an imaging study showing a fracture of the third right distal phalanx. A right shoulder magnetic resonance imaging scan shows minimal subscapularis bursitis and minimal glenohumeral joint effusion. As of March 25, 2014, the worker was placed on modified duty with no heavy lifting of his right upper extremity, because of shoulder pain. The urine drug screen on May 2, 2014 stated no drugs were prescribed and no drugs were detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272,209.

Decision rationale: The injured worker has continued complaints of shoulder and wrist pain. An orthopedic evaluation performed on May 27, 2014 stated that the wrist pain was probably due to retained hardware. The treating physician recommended the hardware be removed. The Medical Treatment Utilization Schedule does not address electrodiagnostic studies for the forearm, wrist and hand. Per the American College of Occupational and Environmental Medicine guidelines, an electromyography for the upper extremity is not recommended for the forearm, wrist and hand complaints. Therefore, the request is non-certified.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Nerve Conduction studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272,209.

Decision rationale: Per the evidence based guidelines, nerve conduction velocity study is recommended for ulnar impingement at the wrist after failure of conservative treatment. Although the injured worker has continued complaints of shoulder and wrist pain, an orthopedic evaluation performed on May 27, 2014 stated that the wrist pain was probably due to retained hardware that is recommended to be removed. There is no sign of ulnar impingement nor is there documentation of failure of conservative treatment. Therefore, the request is non-certified.