

Case Number:	CM14-0139345		
Date Assigned:	09/05/2014	Date of Injury:	03/13/2013
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family 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:

The injured worker is a 34 year old female who reported an injury to her right hand on 3/13/13. The injured worker had been diagnosed with a swan neck deformity secondary to a chronic mallet finger injury and laceration. The utilization review dated 08/13/14 resulted in a denial for electrodiagnostic studies as insufficient information had been submitted regarding the need for EMG studies. The clinical note dated 07/21/14 indicates the injured worker continuing with complaints of right hand pain, specifically at the 5th digit. The injured worker also reported pain at the right elbow. Upon exam, a deformity was identified at the 5th distal interphalangeal joint leading to grip strength deficits on the right. Pain was elicited throughout the right 5th finger. The note indicates the injured worker utilizing Hydrocodone and Naprosyn for pain relief. The clinical note dated 06/23/14 indicates the injured worker having completed 6 hand therapy sessions to date. The note indicates the injured worker demonstrating minimal benefit from the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral EMG, upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The request for bilateral upper extremity electrodiagnostic studies is not medical necessary. The documentation indicates the injured worker complaining of pain at the left 5th digit. There is an indication the injured worker also has complaints of right elbow pain. However, no neurologic deficits were identified in both upper extremities. Therefore, it is unclear if the injured worker would require electrodiagnostic studies of both upper extremities. As such, the request is not indicated as medically necessary.

Bilateral NCV, upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

Decision rationale: The request for bilateral upper extremity electrodiagnostic studies is not medically necessary. The documentation indicates the injured worker complaining of pain at the left 5th digit. There is an indication the injured worker also has complaints of right elbow pain. However, no neurologic deficits were identified in both upper extremities. Therefore, it is unclear if the injured worker would require electrodiagnostic studies of both upper extremities. As such, the request is not indicated as medically necessary.