

Case Number:	CM14-0139900		
Date Assigned:	09/08/2014	Date of Injury:	03/14/2014
Decision Date:	09/29/2014	UR Denial Date:	08/13/2014
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:

24 year old male claimant sustained a work injury on 3/14/14 involving the left hand. He had a crush injury of the left index and middle fingers. He underwent repair of the left middle finger flexor tendon and repair of the left index finger amputation on 3/18/14. Post-operatively he was in a cast. A progress note on 7/14/14 indicated the claimant had continued pain in the left arm and hand for which he was on anti-inflammatories. Exam findings were notable for medial and lateral epicondylitis. Shoulder exams were normal. There was tenderness in the left carpus and scar tissue over the left 2nd digit. The treating physician requested 12 sessions of physiotherapy for the left wrist and hand and left shoulder to improve pain and function. In addition, the treating physician requested an EMG and NCV of both upper extremities to evaluate entrap neuropathy versus radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. The physical findings were consistent with the crush injury and an EMG would not change the management. In addition, there were no cervical or shoulder pathology indicating nerve root impingement. In addition, an EMG is not necessary to correlate findings consistent with epicondylitis. Therefore an EMG of the left upper extremity is not medically necessary.

NCV Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: According to the ACOEM guidelines, an NCV is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. It is recommended for median or ulnar nerve impingement after failed conservative treatment. The physical findings were consistent with the crush injury and an NCV would not change the management. In addition, there were no cervical or shoulder pathology indicating nerve root impingement. In addition, an NCV is not necessary to correlate findings consistent with epicondylitis. Therefore an NCV of the left upper extremity is not medically necessary.

NCV Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: According to the ACOEM guidelines, an NCV is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. It is recommended for median or ulnar nerve impingement after failed conservative treatment. The physical findings were consistent with the crush injury and an NCV would not change the management. In addition, there were no cervical or shoulder pathology indicating nerve root impingement. In addition, an NCV is not necessary to correlate findings consistent with epicondylitis. Therefore an NCV of the right upper extremity is not medically necessary.

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: According to the ACOEM guidelines, an EMG is not recommended for routine evaluation of nerve entrapment or screening in patients without symptoms. The physical findings were consistent with the crush injury and an EMG would not change the management. In addition, there were no cervical or shoulder pathology indicating nerve root impingement. In addition, an EMG is not necessary to correlate findings consistent with epicondylitis. Therefore an EMG of the right upper extremity is not medically necessary.