

<b>Case Number:</b>	CM14-0164205		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, 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:

This patient is a 32 years old male with an injury date of 12/06/13. No PR2 was submitted with the treatment request. Work status, current data such as: diagnosis, patient's chief complaint(s), and physical exam cannot be obtained by the single incomplete report that was submitted. Summary of the 7/31/14 report by [REDACTED]: This patient "dislocated the MP joint" but was able to put it back into place. Was seen on 12/07/13, and "[REDACTED]" found just mild swelling of the middle phalanx of the third finger with no obvious deformity, full range of motion, and he found the sensation was normal to the affected digit." Patient was diagnosed with "reduced dislocation" and given a splint. Patient was then seen by [REDACTED] on 12/10/13 and "his clinical condition had changed and his tenderness was primarily in the palm, he could not make a fist, which he previously could do, and" (end of page and end of submitted report). The utilization review being challenged is dated 9/30/14. The request is for nerve conduction test of the right upper extremity and nerve conduction test of the left upper extremity. The requesting provider is [REDACTED] and he has provided one partial and incomplete report dated 7/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction test of the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** This patient presents with "reduced dislocation" of the middle phalanx of the third finger. The treater requests nerve conduction test of the right upper extremity. ACOEM says, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Given the lack of documentation that was provided with this case file, a determination cannot be made. Furthermore, the treater does not explain or provide sufficient information as to why the nerve conduction test is a medical necessity. Other than the finger problem, there are no other symptoms such as wrist/hand problems, no tingling/numbness anywhere to be concerned about peripheral neuropathy. The request is not medically necessary.

**Nerve conduction test of the left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** This patient presents with "reduced dislocation" of the middle phalanx of the third finger. The treater requests nerve conduction test of the left upper extremity. ACOEM says, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Given the lack of documentation that was provided with this case file, a determination cannot be made. Furthermore, the treater does not explain or provide sufficient information as to why the nerve conduction test is a medical necessity. The request is not medically necessary.