MAXIMUS Federal Services

Case Number:	CM14-0020788		
Date Assigned:	04/30/2014	Date of Injury:	09/12/2013
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/19/2014

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 and 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 patient is a 47 year old male who was injured on September 12, 2013 when a hedge trimmer slipped from his hand and cut through most of his right hand. Prior treatment history has included the patient having a right sided ganglion block on April 7, 2014. September 19, 2013, he underwent right ring finger Flexor Digitorum Profundus repair, radial digit nerve repair, distal interphalangeal (DIP) joint volar plate repair and DIP joint radial collateral ligament repair. His medications have included Neurontin, Naproxen, and Prilosec. Medical note dated January 1, 2014 by [redacted] documented the patient with complaints of pain that is worse and functionally very limited. He does not have Electromyography (EMG)/ Nerve Conduction Velocity (NCV) of right wrist. Objective findings on exam revealed fusion at right terminal phalanx. Well-head scar on right index finger. Right hand grip strength is reduced 4+/5 and has difficulty closing right fist. There is diminished sensation to light touch along medial and lateral border of right forearm, index, little and ring finger. Phalen's test is strongly positive. Bilateral shoulder elevation is 90-100 degrees. Allodynia and hyperalgesia is present on dorsal surface of right hand. Excessive perspiration is present in right palmar surface. Diagnoses included right-sided carpal tunnel syndrome or ulnar neuropathy (probable), Complex Regional Pain Syndrome (CRPS) type I of right upper extremity, right upper extremity neuropathic pain, chronic myofascial pain syndrome. Diagnostic studies reviewed include an NCS/EMG study dated January 28, 2014 showing no evidence of peripheral neuropathy, radiculopathy or plexopathy in the right upper limb. Pain generator could be secondary to CRPS of right upper extremity or neuropathic pain process.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK, ELECTROMYOGRAPHY (EMG).

Decision rationale: According to the California MTUS guidelines, EMG may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG, EMG is recommended (needle, not surface) as an option in selected cases. The patient was injured on September 12, 2013. He continued to right arm motor and sensory deficits on the January 14, 2014 exam. However, there is no report of neurological deficit in the left arm. Therefore, it is appropriate for the UR dated January 23, 2014 to modify the request for an EMG/NCV of the upper extremities to an EMG/NCV of RIGHT upper extremity. The request for EMG of the upper extremities (bilateral) is not medically necessary according to the guidelines.

NCV OF THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK, NERVE CONDUCTION STUDIES (NCS).

Decision rationale: According to the California MTUS guidelines, NCS may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. According to the ODG, NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. The patient was injured on September 12, 2013. He continued to right arm motor and sensory deficits on the January 14, 2014 exam. However, there is no report of neurological deficit in the left arm. Therefore, it is appropriate for UR dated January 23, 2014 to modify the request for an EMG/NCV of the upper extremities, to an EMG/NCV of RIGHT upper extremity. The request for NCV of the upper extremities (bilateral) is not medically necessary according to the guidelines.