MAXIMUS Federal Services

Case Number:	CM14-0041228		
Date Assigned:	06/30/2014	Date of Injury:	04/04/2013
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal 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 28 year old female who sustained an injury to the right upper extremity on 04/04/13 while performing her usual and customary duties as a police officer; she was involved in an altercation where the suspect hyperextended her right wrist and bit her on her right middle finger. The pain gradually resolved, she was placed on antibiotics, but continued to have aching pain along the right middle finger into the mid to distal palm. The injured worker also had aching around the middle segment where the bit occurred at both sides of the middle segment of the right middle finger. Stiffness in the right index and middle fingers is noted. The injury had trial of non-steroidal anti-inflammatory medications (NSAIDs) and some physical therapy. MRI of the right hand with and without contrast dated 01/21/14 was grossly normal. The most recent clinical note dated 03/11/14 reported that the injured worker had partial relief of her right middle finger discomfort following injection the last visit. Her right middle finger continued to ache and she had intermittent tingling, but no further numbness as she had previously. Physical examination noted mild tenderness at the A1 pulley, ulnar border; full range of motion in all digits of the right hand and wrist; Tinel positive at median nerve right wrist; grip strength 35kg. The impression was that the injured worker had flexor tenosynovitis of the right middle finger that improved with possible stenosing tenosynovitis versus possible ganglion cyst of the tendon sheath and possible right carpal tunnel syndrome. The injured worker was returned to regular work and electrodiagnostic testing of the right upper extremity with the left side for comparison was ordered, acupuncture per request of the patient three times a week times four weeks was also requested. The injured worker was recommended to reevaluate in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electromyography (EMG).

Decision rationale: The previous request was partially certified for electrodiagnostic testing of the right upper extremity only. The requested electrodiagnostic testing of the right upper extremity with the left side for comparison is not within guideline recommendations. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for EMG of the bilateral upper extremities is not indicated as medically necessary.

Nerve Conduction Velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: The previous request was partially certified for electrodiagnostic testing of the right upper extremity only. The requested electrodiagnostic testing of the right upper extremity with the left side for comparison is not within guideline recommendations. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for NCV of the bilateral upper extremities is not indicated as medically necessary.

Acupuncture 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The previous request partially certified for six acupuncture visits for the right middle finger. The CA MTUS states that acupuncture is used in an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation

and/or surgical intervention to hasten functional recovery. A trial of three to six treatments is recommended and with clinical documentation of significant functional improvement, acupuncture treatments may be extended. Given this, the request for acupuncture three times a week times four weeks is not indicated as medically necessary.