

Case Number:	CM14-0054553		
Date Assigned:	07/07/2014	Date of Injury:	10/14/2010
Decision Date:	08/27/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehab, 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:

The patient is a 59 year-old male with a 10/14/10 date of injury. According to the 1/22/14 orthopedic report from [REDACTED], the patient presents with intermittent moderate right shoulder, elbow, and hand pain, worse with lifting and ROM. The diagnoses are Crush injury to the right hand and forearm, 10/14/10; s/p right arm CTR, fasciotomy, ulnar nerve transposition and repair and multiple tendon repairs, 10/14/10; s/p distal intrinsic releases right index, middle, ring and small fingers, 8/2011; s/p split-thickness skin graft from right thigh to right forearm, 10/19/10; s/p arthroscopic right shoulder biceps tenotomy, SAD and acromioplasty, 4/2/12; stiff hand syndrome; history of BLE DVT following surgeries; depression. The exam findings on 1/22/14 included loss of ROM in the right shoulder, elbow, wrist and fingers. [REDACTED] requested MRA for the right shoulder and EMG/NCV bilateral upper extremities. On 3/27/14 UR denied the EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The IMR request is for EMG of the bilateral upper extremities. The patient is a 59 year-old male with a 10/14/10 date of injury. According to the 1/22/14 orthopedic report from [REDACTED], the patient presents with intermittent moderate right shoulder, elbow, and hand pain, worse with lifting and ROM. The diagnoses are Crush injury to the right hand and forearm, 10/14/10; s/p right arm CTR, fasciotomy, ulnar nerve transposition and repair and multiple tendon repairs, 10/14/10; s/p distal intrinsic releases right index, middle, ring and small fingers, 8/2011; s/p split-thickness skin graft from right thigh to right forearm, 10/19/10; s/p arthroscopic right shoulder biceps tenotomy, SAD and acromioplasty, 4/2/12; stiff hand syndrome; history of BLE DVT following surgeries; depression. The exam findings on 1/22/14 included loss of ROM in the right shoulder, elbow, wrist and fingers. There is no objective or subjective findings suggesting radiculopathy or peripheral neuropathy in either of the upper extremities, and there is no diagnoses involving the left upper extremity. MTUS/ACOEM states appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. There are no subjective or objective findings for CTS or radiculopathy. The request for EMG of the both upper extremities is not in accordance with MTUS/ACOEM guidelines. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NVC) Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The IMR request is for EMG of the bilateral upper extremities. The patient is a 59 year-old male with a 10/14/10 date of injury. According to the 1/22/14 orthopedic report from [REDACTED], the patient presents with intermittent moderate right shoulder, elbow, and hand pain, worse with lifting and ROM. The diagnoses are Crush injury to the right hand and forearm, 10/14/10; s/p right arm CTR, fasciotomy, ulnar nerve transposition and repair and multiple tendon repairs, 10/14/10; s/p distal intrinsic releases right index, middle, ring and small fingers, 8/2011; s/p split-thickness skin graft from right thigh to right forearm, 10/19/10; s/p arthroscopic right shoulder biceps tenotomy, SAD and acromioplasty, 4/2/12; stiff hand syndrome; history of BLE DVT following surgeries; depression. The exam findings on 1/22/14 included loss of ROM in the right shoulder, elbow, wrist and fingers. There is no objective or subjective findings suggesting radiculopathy or peripheral neuropathy in either of the upper extremities, and there is no diagnoses involving the left upper extremity. MTUS/ACOEM states appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. There are no subjective or objective findings for CTS or radiculopathy. The request for NCV of the both upper extremities is not in accordance with MTUS/ACOEM guidelines. Therefore, the request is not medically necessary.