

<b>Case Number:</b>	CM14-0065378		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Occupational 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:

This is a 27-year-old female with a 6/3/13 date of injury, when she sustained a dog bite to the right hand. The patient was seen on 3/14/14 with complaints of ongoing right hand pain and loss of strength and function. Exam findings of the right hand revealed mild swelling across the dorsum of the index and middle finger and full range of motion of the wrist. The Tinel's test, Phalen's test and compression tests were positive. Visual inspection of the right hand revealed a blocking of the medical palmar muscle with some contour change. It was noted, that the patient was unable to squeeze any amount on a dynamometer. The diagnosis is right hand pain. Plain Radiographs of the right hand and the right wrist dated 3/14/14 were negative. MRI of the right hand dated 7/22/13 was revealed no evidence of osteomyelitis, septio-arthritis or septio-tenosynovitis; the subcutaneous tissues were normal without foreign body or gas. Treatment to date: work restrictions, PT and medications. An adverse determination was received on 4/1/14 given that the patient had x-rays of the wrist and hand taken on 3/21/14 and that neuropathy was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**x-ray of the right hand:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Radiography

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that radiography is recommended. For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. Thus, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. However, the progress notes indicated that the patient had a plain radiograph of the right hand performed on 3/14/14 and the results were negative. In addition, the patient had an MRI of the right hand performed on 7/22/13 and it did not reveal any abnormalities. Additionally, there is no rationale indicating the need for additional radiographs of the right hand. Therefore, the request for x-ray of the right hand was not medically necessary.

**x-ray of the right wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Radiography

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that radiography is recommended for most patients with known or suspected trauma of the hand, wrist, or both, as the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. Thus, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. However, the progress notes indicated that the patient had a plain radiograph of the right wrist performed on 3/14/14 and they were negative. In addition, there is no rationale indicating the need for additional radiographs of the right wrist. Therefore, the request for x-ray of the right wrist was not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Electrodiagnostic testing; Carpal Tunnel chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** CA MTUS criteria for NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is a lack of documentation indicating subjective signs of radiculopathy. In addition, the latest physical examination did not reveal objective signs of radiculopathy. Therefore, the request for Nerve conduction velocity of the right upper extremity was not medically necessary.

**Electromyography of the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Electrodiagnostic testing; Carpal Tunnel chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** CA MTUS criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is a lack of documentation indicating subjective signs of radiculopathy. In addition, the latest physical examination did not reveal objective signs of radiculopathy. Therefore, the request for Electromyography of the right upper extremity was not medically necessary.