

Case Number:	CM14-0070605		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2013
Decision Date:	09/23/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain 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 36-year-old male who reported an injury on 11/02/2013. The mechanism of injury was not provided. On 03/06/2014, the injured workers presented with right thumb partial amputation re-check. Upon examination, the secondary intention is healing very well with small punctate lesion at the distal end of the right thumb. The diagnosis was a small area of non-healed distal end of the right thumb secondary to partial amputation. An x-ray of the right thumb performed on 03/06/2014 revealed a partial amputation of the distal tuft of the right thumb, but the interphalangeal (IP) joint is otherwise well aligned with good tissue coverage of the distal end of the bone evident by x-ray. The provider reviewed electrodiagnostic studies of the left upper extremity and right upper extremity; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Diagnostic Studies on Left Upper Extremity
Electro-Diagnostic Studies on 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 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for Electro-Diagnostic Studies on Left Upper Extremity Electro-Diagnostic Studies on Right Upper Extremity is not medically necessary. The California MTUS/ACOEM guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 weeks to 6 weeks, electrical studies may be indicated. The medical documents lack evidence of muscle numbness or weakness, or symptoms that would indicate peripheral nerve impingement. There was lack of documentation of functional deficits upon physical examination in relation to left upper and right upper extremities. Additionally, there is a lack of evidence of failure to respond to conservative treatment for at least 4 weeks to 6 weeks to include medications and physical medicine. As such, medical necessity has not been established.