MAXIMUS Federal Services

Case Number:	CM14-0082870		
Date Assigned:	07/16/2014	Date of Injury:	03/18/2009
Decision Date:	08/14/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/19/2014

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 Nevada. 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 63-year-old male who was reportedly injured on 3/18/2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/28/2014, indicated that there were ongoing complaints of neck and right hand pains. The physical examination demonstrated right hand swelling of the dorsal aspect, locking of the third digit proximal interphalangeal joint and decreased grip strength 4/5 compared to contralateral side. Cervical area had decreased range of motion with pain. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medication, and conservative care. A request had been made for an electromyogram, computed tomography scan of the right upper extremity, and was not certified in the pre-authorization process on 5/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG, 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 (ODG), EMGs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Electromyography (EMG) and nerve conduction velocities (NCV) are supported to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Given the lack of documentation of a neurological exam, or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.

CT scans, 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better and to further evaluate the possibility of potentially serious pathology, such as a tumor. After reviewing the medical records provided, there were no identifiable subjective or objective clinical findings to support this request. Therefore, this diagnostic study is deemed not medically necessary.