

Case Number:	CM14-0086103		
Date Assigned:	07/23/2014	Date of Injury:	09/17/2013
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 32-year-old male with a 9/17/2013 date of injury, when while drilling holes in wood with a drill while wearing gloves, his right hand glove got caught in the drill causing his right middle finger to be twisted, causing an open dislocation of his right middle finger, particularly the proximal interphalangeal joint. 5/22/14 determination was non-certified given that the need for electrodiagnostic testing and how it will affect decision-making was neither understood nor adequately explained. 5/6/14 medical report identified right middle finger pain and swelling with the finger (proximal interphalangeal) tucked in flexion. The pain is sharp, extra sensitive and it can be exacerbated to a 9/10 at night when bumping against anything. It can be relieved at best a 5/10 with the use of Norco, applying heat, taking ibuprofen, Tylenol, and the use of marijuana. Exam revealed decreased pinprick sensation to the volar aspect of the right middle finger and the rest of the right upper extremity is intact. The proximal interphalangeal joint is tucked in 40-degree flexion contracture. Diagnoses include right middle finger open dislocation PIP status post repair, chronic pain syndrome, rule out Complex regional pain syndrome (CRPS), and decreased function on the right hand. The provider states that authorization is requested for electromyography/nerve conduction velocity studies of the right upper extremity to rule out any plexopathy or mononeuropathy. Treatment to date includes medication and 2 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right 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 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The patient sustained a finger injury and was managed with medications. There was sharp pain and sensitivity rated at 9/10 at worst. There was also decreased sensation on exam. However, it was noted that the patient had only had 2 physical therapy sessions. There was no indication that the patient had failed conservative treatment, specifically, physical modalities. The medical necessity was not substantiated.

NCV Right 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 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The patient sustained a finger injury and was managed with medications. There was sharp pain and sensitivity rated at 9/10 at worst. There was also decreased sensation on exam. However, it was noted that the patient had only had 2 physical therapy sessions. There was no indication that the patient had failed conservative treatment, specifically, physical modalities. The medical necessity was not substantiated.