

Case Number:	CM14-0177913		
Date Assigned:	11/03/2014	Date of Injury:	01/18/2013
Decision Date:	04/24/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 53 year old male, who sustained an industrial injury on 1/18/13. He reported a crush type injury to the left hand causing fractures. The injured worker was diagnosed as having crush injury to left hand; arthrofibrosis left hand; left shoulder contusion and rotator cuff syndrome. Treatment to date has included status post open reduction external fixation with plating of the 3rd, and 5th metacarpals, multiple K-Wires to the 2nd and 4th metacarpals, extensor tenolysis left hand (1/18/13); status post hardware removal (1/17/14); MRI left shoulder (10/18/13) physical therapy; occupational therapy. Currently, per the PR-2 notes dated 9/18/14, the injured worker complains of left shoulder and left hand pain, stiffness, contractured and taking over-the-counter medications. There is no complaints involving the right hand. There is no exam of the right hand documented. The provider is requesting diagnostics for an EMG (Electromyography) / NCV (Nerve Conduction Velocity) studies of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) / NCV (Nerve Conduction Velocity) studies of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is no documentation of any dysfunction or complaints concerning right upper extremity. All documentation submitted relates to left arm. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested when there is no documented complaining concerning this limb and no physical exam noted. EMG and NCV of right upper extremity is not medically necessary.