

Case Number:	CM15-0005119		
Date Assigned:	01/16/2015	Date of Injury:	07/15/2014
Decision Date:	04/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 reported on 7/15/2014. He has reported right wrist pain with numbness and tingling in the fingers, and pain to the right 4th digit. The diagnoses have included closed fracture distal 4th versus 5th digit (non-work related - 7/17/14); closed fracture distal 4th digit right hand; mallet finger of the right 4th digit; overuse syndrome of the right upper extremity; and possible carpal tunnel syndrome of the right wrist. Treatments to date have included consultations; diagnostic imaging studies; urine toxicology screens (7/2014); and medication management. The work status classification for this injured worker (IW) was noted to be returned to regular work duties. On 12/9/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/3/2014, for diagnostic electromyogram and nerve conduction studies of the right upper extremity. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, electromyogram and nerve conduction studies; American College of Occupational and Environmental Medicine Guidelines, forearm/wrist/hand complaints, neck and upper back complaints, appropriate electrodiagnostic studies, were cited. The comprehensive examination report, dated 11/17/2014, notes this IW was initially evaluated at an urgent care center on 7/17/2014, returned to this same facility 6 hours after discharge for x-rays and repeat urinalysis after complaining of continuous trauma affecting multiple body parts, including his right hand and right upper extremity, developing hypertension, diabetes and chest pain; and was terminated from his job, on 7/26/2014, due to positive findings on his urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, EMG and NCS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), Electromyography (EMG) (2) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury with right upper extremity fracture and continues to be treated for symptoms including pain and numbness and tingling of the fingers. A diagnosis of carpal tunnel syndrome is being considered. Nerve conduction testing is recommended in patients with clinical signs of CTS who may be candidates for surgery. Needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies. In this case, the claimant has a history of trauma with ongoing symptoms that may be related to the fracture or due to another cause such as carpal tunnel, syndrome. Conservative treatment has been tried. Therefore, the requested testing was medically necessary.