

<b>Case Number:</b>	CM15-0006526		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old female who reported an injury on 08/14/2014 after being hit by a motor vehicle. The injured worker's treatment history was significant for open reduction and internal fixation of a proximal phalanx fracture of the right little finger. Postsurgical care included physical therapy and medications. The injured worker was evaluated on 12/09/2014. It was noted that this was an initial visit for this physician. The injured worker's diagnosis included fracture of proximal phalanx right little finger and status post open reduction and internal fixation. Physical findings included extension of the right little finger to 180 degrees at the metacarpophalangeal joint and to 175 degrees at the proximal interphalangeal joint and to 270 degrees at the distal interphalangeal joint. It was noted that the injured worker had 70 degrees in flexion of the right little finger. It was noted that the right little finger was significantly stiff. The injured worker's treatment plan included night flexion splinting and occupational therapy. Multiple diagnostic studies were also requested. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The requested decision for the EMG/NCV of the bilateral upper extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for upper extremities to delineate between radiculopathy and peripheral nerve entrapment. The clinical documentation submitted for review did not provide any evidence of any type of radiculopathy for the upper extremities. Additionally, there is no indication of peripheral nerve entrapment. Therefore, electrodiagnostic of the bilateral upper extremities would not be supported in this clinical situation. As such, the requested EMG/NCV of the bilateral upper extremities is not medically necessary or appropriate.

**X-ray of the right elbow:** 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 10 Elbow Disorders (Revised 2007) Page(s): 42-42.

**Decision rationale:** The requested x-ray of the right elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends x-rays of the elbow in the event of traumatic injury. The clinical documentation does not provide any evaluation of the right elbow to support the need for diagnostic imaging. As such, the requested x-ray of the right elbow is not medically necessary or appropriate.