Case Number:	CM15-0101998		
Date Assigned:	06/04/2015	**Date of Injury:**	11/02/2012
Decision Date:	07/08/2015	**UR Denial Date:**	04/29/2015
Priority:	Standard	**Application Received:**	05/27/2015

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
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 53-year-old male who sustained an industrial injury on 11/2/12. The injured worker was diagnosed as having carpal tunnel syndrome and laceration of the radial digital nerve of the right little finger; rule out partial laceration of the ulnar digital nerve and the flexor tendons. Currently, the injured worker was with complaints of numbness and tingling in the right upper extremity. Previous treatments included hand therapy and activity modification. Physical examination was notable for fifth finger with decreased sensitivity proximally, decreased sensation to the palm. The plan of care was for electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents on 04/02/15 with numbness and tingling in the fingers of the left upper extremity. The patient's date of injury is 11/02/12. Patient is status post unspecified surgery to an unspecified upper extremity. The request is for EMG LEFT UPPER EXTREMITY. The RFA was not provided. Physical examination dated 04/02/15 states: "Fifth finger has less sensitivity proximally. He has decreased sensation in the palm. Phalen negative." The extremity associated with these physical findings is not clear, though the patient's primary diagnosis is laceration of the radial digital nerve of the RIGHT little finger, rule out partial laceration of the ulnar digital nerve and the flexor tendons. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently working without restrictions. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies - NCS, or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In regard to an EMG study to be performed on the left upper extremity, the provider has not stated a reason for the request. This patient's surgical history is not clearly documented in the progress notes provided, though there is a diagnosis of laceration of the radial digital nerve on the RIGHT little finger. The examination findings are equally unclear on exactly which extremity exhibits decreased sensation, but given the primary diagnosis of laceration on the right little finger it must be concluded that this is the affected extremity. The original request was for EMG/NCV of the bilateral upper extremities, which was modified by UR to allow for an EMG/NCV of the RIGHT upper extremity given this patient's primary diagnosis. Without a diagnosis pertinent to the left upper extremity, or clear examination findings of neurological deficit to the left side, the request for an EMG of the left upper extremity cannot be substantiated. The request IS NOT medically necessary.

NCV Left Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents on 04/02/15 with numbness and tingling in the fingers of the left upper extremity. The patient's date of injury is 11/02/12. Patient is status post unspecified surgery to an unspecified upper extremity. The request is for NCV LEFT UPPER EXTREMITY . The RFA was not provided. Physical examination dated 04/02/15 states: "Fifth finger has less sensitivity proximally. He has decreased sensation in the palm. Phalen negative." The extremity associated with these physical findings is not clear, though the patient's primary diagnosis is laceration of the radial digital nerve of the RIGHT little finger, rule out partial laceration of the ulnar digital nerve and the flexor tendons. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently working without restrictions. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262

states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies – NCS, or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In regard to an NCV study to be performed on the left upper extremity, the provider has not stated a reason for the request. This patient's surgical history is not clearly documented in the progress notes provided, though there is a diagnosis of laceration of the radial digital nerve on the RIGHT little finger. The examination findings are equally unclear on exactly which extremity exhibits decreased sensation, but given the primary diagnosis of laceration on the right little finger it must be concluded that this is the affected extremity. The original request was for EMG/NCV of the bilateral upper extremities, which was modified by utilization review to allow for an EMG/NCV of the RIGHT upper extremity given this patient's primary diagnosis. Without a diagnosis pertinent to the left upper extremity, or clear examination findings of neurological deficit to the left side, the request for an NCV of the left upper extremity cannot be substantiated. The request IS NOT medically necessary.