

Case Number:	CM15-0136920		
Date Assigned:	07/27/2015	Date of Injury:	10/11/2014
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist, leg, hand, and forearm pain reportedly associated with an industrial injury of October 11, 2014. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right upper extremity. A June 12, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. In a June 19, 2015 RFA form, electrodiagnostic testing of the right upper extremity and/or orthopedic hand surgery consultation were endorsed. In an associated progress note of June 16, 2015, the applicant reported ongoing complaints of wrist pain. The applicant had previously sustained a minimally displaced fracture of the right distal radius, it was reported. The applicant reported numbness about the volar thumb region, it was noted. The applicant was off work, it was acknowledged. The applicant was using Motrin for pain relief. Diminished wrist range of motion was appreciated. Electrodiagnostic testing and a hand surgery consultation were endorsed. The attending provider's June 16, 2015 progress note was somewhat sparse; however, the RFA form received on June 19, 2015 suggested that the electrodiagnostic testing was being ordered to "rule out neuropathy".

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 736,2.

Decision rationale: Yes, the request for nerve conduction testing for the right upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Here, the applicant had complaints of numbness, tingling, and paresthesias about the right thumb several months removed from the date of an earlier wrist fracture. Obtaining electrodiagnostic testing including the nerve conduction testing at issue was, thus, indicated to establish the presence of a traumatic neuropathy. The Third Edition ACOEM Guidelines do support electrodiagnostic testing to evaluate non-specific hand, wrist, and/or forearm pain for applicants with persistent paresthesias or other neurologic symptoms. Here, again, the applicant was several months removed from the date of injury as of the date of the request, June 19, 2015. Persistent paresthesias were evident as of that point in time. ODG's Forearm, Hand, and Wrist Chapter Electrodiagnostic Studies topic states that electrodiagnostic studies are recommended as an option after closed fractures of the distal radius or ulna if necessary to assess for nerve injury. Here, as noted previously, a traumatic neuropathy was seemingly suspected owing to the applicant's persistent complaints of numbness about the right thumb several months removed from the earlier wrist fracture. Moving forward with the nerve conduction testing in question was, thus, indicated. Therefore, the request was medically necessary.

EMG Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), electrodiagnostic studies (EDS); electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Similarly, the request for EMG testing of the right upper extremity was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome or other suspected considerations, such as cervical radiculopathy. Here, the applicant was described as having a suspected traumatic neuropathy present on or around the date of the request, June 19, 2015, owing to persistent complaints of right thumb numbness several months removed from the date of an earlier traumatic fracture. Moving forward with the EMG in question was, thus, indicated to determine the source of the applicant's paresthesias. Therefore, the request was medically necessary.