

Case Number:	CM15-0140500		
Date Assigned:	07/30/2015	Date of Injury:	02/07/2015
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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 60 year old male, who sustained an industrial injury on February 7, 2015. The injured worker has complaints of left upper extremity pain with loss of motion, burning sensation and numbness to his entire forearm and unable to move his left thumb and index finger. The documentation noted on examination there is atrophy of the thenar interossei muscles and there is tenderness to palpation along the forearm, wrist and digits diffusely throughout. The diagnoses have included left forearm severe crush injury with closed ulna and radius fractures status post open reduction, internal fixation ulna and radius fractures; left forearm possible radial ulnar synostosis and left elbow contracture. Treatment to date has included open reduction, internal fixation left forearm on February 8, 2015; therapy; diclofenac and hydrocodone. The request was for electromyography left upper extremity. Notes indicate that in electrodiagnostic studies (EMG/NCS) of the left upper extremity were completed on May 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LUE: 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 Page(s): 178-182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCS of left upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, it appears the patient has recently undergone electrodiagnostic testing. There is no statement indicating why additional electrodiagnostic testing would be needed at the current time, or any indication as to how it would change the current treatment plan. In the absence of such documentation, the currently requested NCS of left upper extremities is not medically necessary.