

Case Number:	CM15-0141976		
Date Assigned:	07/31/2015	Date of Injury:	03/31/2015
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 32-year-old male who sustained an industrial/work injury on 3-31-15. He reported an initial complaint of right hand pain. The injured worker was diagnosed as having crush injury of right hand. Treatment to date includes medication, physical therapy, and diagnostics. MRI results were reported on 5-15-15 that are comparable with tendinosis of the second digit flexor tendons from the distal carpal tunnel to the second MCP (metacarpophalangeal) joint, mild focal tenosynovitis suspected at the MCP joint, no evidence of occult fracture or significant ligamentous abnormality. Currently, the injured worker complained of unchanged right hand pain with paresthesias over right hand and forearm and numbness that interrupts sleep. Per the primary physician's report (PR-2) on 6-18-15, the right hand is tender throughout, positive Tinel's, Phalen's, no scars or edema. Sensation is intact to light touch. Current plan of care included diagnostics. The requested treatments include EMG/NCV bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

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), EDS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV bilateral upper extremities are not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electro diagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnosis is right hand crush injury. The injury is March 31, 2015. Request for authorization is June 19, 2015. According to progress note dated June 18, 2015, the injured worker's subjective complaints include right-hand pain with numbness and paresthesias. The injured worker has difficulty with grasping. Medications include ibuprofen. Objectively, there is tenderness to palpation over the right-hand with a positive Tinels and Phalens. There are no subjective complaints involving the left hand and there are no objective clinical findings involving the left hand. The treating provider requested EMG/NCV of the bilateral upper extremities. There is no clinical indication or rationale for a bilateral upper extremity examination. The utilization review provider modified the request to a nerve conduction velocity study right upper extremity. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, EMG/NCV bilateral upper extremities are not medically necessary.