MAXIMUS Federal Services

Case Number:	CM15-0167770		
Date Assigned:	09/08/2015	Date of Injury:	04/08/2015
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49-year-old female who sustained an injury on 4-8-15 result from a fall followed by elbow pain, head injury and knee problem. Initial treatment included elbow splint, arm sling, ice and medications. Doctor's First Report 4-28-15 include diagnoses right radius head fracture; left knee contusion; right knee contusion; forehead contusion. Treatment included surgery on 4-23-15 right proximal radius fracture; open reduction internal fixation; repair of LUCL elbow. She had physical therapy; immobilization and medications following surgery. She was placed on no work until 5-19-15. X-ray right forearm 4-8-15 reveals an old healed fracture. The examination on 7-15-15 reports she has pain from neck to tip of her fingers with stiffness, pain in neck, shoulder area; denies any focal weakness; paresthesia; swelling + of fingers and was not using compression sleeve. Medication included Ibuprofen 600 mg as needed. Physical examination reveals well healed flat surgical scars at elbow, range of motion elbow limited but improving; wrist and fingers within normal limits; distal neurovascularity intact. Treatment plan included increase activities as tolerated; medications as needed; occupational therapy and home exercise program and nerve conduction studies to rule out traumatic compressive neuropathy. Work restrictions included modified activity at work and home; no lifting; carrying; pushing or pulling more than 2 pounds. Current requested treatments: Nerve conduction study right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS (nerve conduction study), Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Nerve Conduction Studies.

Decision rationale: Regarding the request for NCS (nerve conduction study), Right Upper Extremity, 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, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electro diagnostic testing would be indicated. In the absence of such documentation, the currently requested NCS (nerve conduction study), Right Upper Extremity is not medically necessary.