

Case Number:	CM15-0189154		
Date Assigned:	10/01/2015	Date of Injury:	02/26/2015
Decision Date:	11/17/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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:

This is a 24-year-old male with a date of industrial injury 2-26-2015. The medical records indicated the injured worker (IW) was treated for right hand and finger pain, status post amputation of the distal third and fourth fingers; right elbow and right shoulder sprain-strain; chest pain; and anxiety and stress. In the progress notes (6-30-15), the IW reported headaches, intermittent chest pain (rated 6 out of 10), intermittent right shoulder pain (5 to 6 out of 10) and intermittent pain (6 out of 10) in the right elbow, forearm, wrists, hands and fingers. He complained of numbness, weakness and loss of grip. On examination (6-30-15 notes), grip strength was 6-4-4 kg on the right and 18-18-16 kg on the left; he was right-hand dominant. The right chest and shoulder girdle was tender to palpation and range of motion was full in the right shoulder. The right elbow and hand was also tender with painful motion. There was partial amputation of the right third and fourth digits with hyperesthesia around the scar and tips of the fingers. Point tenderness was noted over the right third and fourth digits. Treatments included surgery of the right ring and middle fingers, physical therapy and topical analgesic and anti-inflammatory medication. The IW was temporarily totally disabled. A Request for Authorization was received for one electromyography and nerve conduction velocity (EMG-NCV) test of the left upper extremity. The Utilization Review on 8-25-15 non-certified the request for one electromyography and nerve conduction velocity (EMG-NCV) test of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of left upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested Electromyograph (EMG) and nerve conduction velocity (NCV) of left upper extremities is not medically necessary. CA MTUS ACOEM, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker was treated for right hand and finger pain, status post amputation of the distal third and fourth fingers; right elbow and right shoulder sprain-strain; chest pain; and anxiety and stress. In the progress notes (6-30-15), the IW reported headaches, intermittent chest pain (rated 6 out of 10), intermittent right shoulder pain (5 to 6 out of 10) and intermittent pain (6 out of 10) in the right elbow, forearm, wrists, hands and fingers. He complained of numbness, weakness and loss of grip. On examination (6-30-15 notes), grip strength was 6-4-4 kg on the right and 18-18-16 kg on the left; he was right-hand dominant. The right chest and shoulder girdle was tender to palpation and range of motion was full in the right shoulder. The right elbow and hand was also tender with painful motion. There was partial amputation of the right third and fourth digits with hyperesthesia around the scar and tips of the fingers. Point tenderness was noted over the right third and fourth digits. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling's test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests, nor how this electrodiagnostic test will alter the treatment program. The criteria noted above not having been met, Electromyograph (EMG) and nerve conduction velocity (NCV) of left upper extremities is not medically necessary.