

Case Number:	CM15-0196548		
Date Assigned:	10/12/2015	Date of Injury:	01/06/2014
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: Family Practice

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 40 year old male, who sustained an industrial injury on 1-6-2014. Diagnoses include left wrist laceration, left dorsal sensory branch ulnar nerve laceration; status post repair and nerve wrapping, left hand-wrist-forearm stiffness with history of preexisting wrist fracture. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-2-15, he complained of ongoing intermittent left wrist pain, noted worse at night. The provider documented previous physical therapy was reported helpful, the last session completed approximately six months ago. The physical examination documented no new clinical findings, with persistent decreased sensation to three left hand fingers. The appeal requested authorization for Electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities. The Utilization Review dated 9-22-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter: Electrodiagnostic studies (EDS); ODG, Forearm, Wrist, & Hand Chapter - Electrodiagnostic testing (EMG/NCS).

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

Decision rationale: Per the MTUS guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, the injured worker has complaints of decreased sensation to three left hand fingers that has not responded to conservative care. The request for Electromyogram (EMG) of the left upper extremity is medically necessary and appropriate.

Electromyogram (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter: Electrodiagnostic studies (EDS); ODG, Forearm, Wrist, & Hand Chapter - Electrodiagnostic testing (EMG/NCS).

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

Decision rationale: Per the MTUS guidelines, for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, the injured worker has complaints of decreased sensation to three left hand fingers that has not responded to conservative care. The medical records do not establish right upper extremity complaints or examination findings to support electrodiagnostic studies for the right upper extremity. The request for Electromyogram (EMG) of the right upper extremity is not medically necessary or appropriate.