

Case Number:	CM15-0200828		
Date Assigned:	10/15/2015	Date of Injury:	05/12/2015
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Florida, New York, Pennsylvania
 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 39 year old male, who sustained an industrial injury on 05-12-2015. A review of the medical records indicates that the worker is undergoing treatment for displaced right fourth metacarpal shaft fracture status post open reduction and internal fixation. The physician had open reduction and internal fixation of the right fourth metacarpal fracture and digital nerve block performed on 06-04-2015. In a pain management consultation note dated 07-09-2015, the physician noted that testing for the injured worker's injury consisted of x-rays in 06-2015 but that he did not receive MRI scanning or electrodiagnostic studies. Subjective complaints (07-14-2015) included right wrist and hand pain that was rated as 5 out of 10 at best and 7 out of 10 at worst. Objective findings (07-14-2015) showed intact sensation to light touch of the right dorsal thumb web, right index tip and right small tip. Subjective complaints (08-18-2015) included right wrist and hand pain with tingling in the fourth knuckle on the right hand that was noted to have developed on 08-13-2015 (a day after his therapy). Objective findings (08-18-2015) included intact sensation to light touch of the right dorsal web, right index tip and right small tip. Subjective complaints (09-22-2015) included right wrist and hand pain with numbness and tingling and weakness with use of the right hand. Objective findings (09-22-2015) included intact sensation to light touch of the left index tip, left distal thumb web and left small tip. Treatment plan included electromyography (EMG) of the upper extremity but no rationale was given for ordering the test. Treatment has included pain medication, physical therapy and surgery. A utilization review dated 10-01-2015 non-certified a request for EMG-NCV of the 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 of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (updated 6/29/15) Electro diagnostic studies.

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

Decision rationale: The members injury was reported to have occurred as he was drilling into a water main resulting in multiple fractures of the right arm 4Jun15. There apparently was an open reduction and fixation of the 4th metacarpal. The member is reported to have undergone 14 post-operative sessions of occupational therapy by 25Aug15. The complaint of concern was new numbness and tingling in the right hand. Additionally the member indicated right hand weakness and intermittent pain with use. In the report of interest from 22 Sep 15 there was no discussion of a physical exam of the right hand only an annotation that sensation to light touch in the left hand is intact. There was no report of any complaints associated with the neck and no examination of the neck, shoulder, arm or wrist reported. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. Based on the available information there was no subjective or objective evidence to support a diagnosis of neurological deficit that could warrant the need for bilateral upper extremity EMG/NCV. Therefore, the request is not medically necessary and the initial UR Non-Cert is supported. It appears that the provider proceeded to complete the neurodiagnostic evaluation without authorization and discovered a severe right C8 and moderate T1 radiculopathy.