

Case Number:	CM15-0204455		
Date Assigned:	10/21/2015	Date of Injury:	05/08/2015
Decision Date:	12/08/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/19/2015

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: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 05-08-2015. Medical records indicated the worker was treated for traumatic amputation of the left index finger. Radiologic exam of the left hand 05-08-2015 found a laceration at the tip of the index finger with fracture of the radial aspect of the tuft. He has small bone fragments or foreign bodies in the soft tissues of the radial palmar aspect of the distal phalanx. A He had surgical revision of amputation (05-19-2015) followed by hand therapy and scar mobilization post operatively (06-30-2015). Revision in the provider notes of 09-22-2015, the injured worker complains of dull pain and swelling in the left index figure rated an 8 on a scale of 01-10. The pain is aggravated by using the hand. He is having mild difficulty sleeping. His medications include Vicodin and Motrin. On examination, the left index finger was noted to be tender with swelling, decreased range of motion, Tinel's sign was positive and Phalen's sign test was positive. The worker had deep tendon reflexes that were 2 out of 2, and motor strength of 5- out of 5. The working diagnoses were left index laceration, Neuropathy index finger, chronic left index finger pain. The treatment plan was for an electromyogram and nerve conduction study. Acupuncture and Physical therapy were ordered two times a week for three weeks, and the worker was ordered Hydrocodone, Ibuprofen, and Mobic 7.5 mg twice a day for two days as needed. His work status was temporary total disable, temporary partial disable with work limitations. A request for authorization was submitted for EMG/NCV of the left upper extremity A utilization review decision 10-10-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left upper extremity: Overturned

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

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

Decision rationale: The patient presents on 09/22/15 with left index finger pain rated 8/10 and associated swelling with loss of grip strength. The patient's date of injury is 05/08/15. The request is for EMG/NCV OF THE LEFT UPPER EXTREMITY. The RFA is dated 09/22/15. Physical examination dated 09/22/15 reveals tenderness to palpation of the left finger with swelling noted, positive Tinel's sign, positive Phalen's sign, and decreased range of motion of the affected finger. The patient is currently prescribed Norco, Ibuprofen, and Mobic. Patient is currently classified as temporarily partially disabled. MTUS/ACOEM Practice Guidelines, Chapter 11, Wrist Complaints, page 260-262 states: "Appropriate electrodiagnostic studies, EDS, may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies, NCS, or in more difficult cases, electromyography, EMG, may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regard to an EMG/NCV study to be performed on the left upper extremity, the request is appropriate. In this case, it appears that the requested electrodiagnostic study was non-certified by UR on grounds that: "physical examination of the left upper extremity did not reveal any objective findings consistent with radiculopathy/nerve entrapment." Per progress note dated 09/22/15, it is indicated that this patient presents with positive Tinel's and Phalen's sign in the left upper extremity. The provider also includes the following rationale: "to confirm and rule out possibility of neuropathy." NCV/EMG studies are utilized to differentiate between carpal tunnel syndrome and cervical radiculopathy, though this patient does not have any cervical complaints. However, given this patient's continuing neurological symptoms in the affected extremity, such diagnostics are indicated and could provide a clearer picture of this patient's underlying pathology. Therefore, this request IS medically necessary.