

Case Number:	CM15-0039297		
Date Assigned:	03/09/2015	Date of Injury:	10/07/2014
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 28 year old male, who sustained an industrial injury on 10/7/2014. The current diagnosis is right forearm laceration with paresthesia. According to the progress report dated 1/22/2015, the injured worker complains of numbness and tingling about the right hand and forearm. The current medication list is not available for review. Treatment to date has included medication management and 16 physical therapy sessions. The plan of care includes EMG/NCV of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV: right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Yes, the request for electrodiagnostic testing of the right upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 269, electrical studies may be indicated in applicants with suspected peripheral nerve impingement in whom no improvement or worsening has occurred within four to six weeks. Here, the request was initiated some three months after the applicant had sustained an industrial laceration injury of the forearm. The applicant's complaints of right upper extremity paresthesias had not, in fact, abated but had, moreover, seemingly worsened as time progressed. Obtaining electrodiagnostic testing to determine the source of the applicant's continued paresthesias, thus, was indicated. Therefore, the request was medically necessary.