

Case Number:	CM15-0047693		
Date Assigned:	03/19/2015	Date of Injury:	03/01/2014
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic thumb, hand, and wrist pain reportedly associated with a traumatic amputation injury of March 1, 2014. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of the right upper extremity and a functional capacity evaluation. The claims administrator referenced a January 29, 2015 progress note in the determination. The claims administrator seemingly denied the request on the ground that the applicant had had a medical-legal evaluator who had not made provisions for the applicant to receive electrodiagnostic testing. The claims administrator also contended that the applicant's complaints of right upper extremity paresthesias were known sequela of the amputation. The applicant's attorney subsequently appealed. In a December 2, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant did report 6/10 burning pain about the thumb with associated numbness, tingling, and weakness. It appeared that the applicant's neuropathic symptoms were in fact confined to the thumb. Diminished grip strength was noted about the right hand versus the left. The applicant was given a primary operative diagnosis of partial amputation of the right thumb. Electrodiagnostic testing was proposed while the applicant was placed off of work, on total temporary disability. On January 20, 2015, the applicant was again placed off of work, on total temporary disability. Electrodiagnostic testing and a functional capacity evaluation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 272.

Decision rationale: No, the request for electrodiagnostic testing of the right upper extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment is deemed “not recommended.” Here, the attending provider did not clearly state what was suspected. The attending provider did not clearly state what was sought. The attending provider did not state whether he suspected some neuropathic pain process in addition to phantom limb pain associated with the partial amputation of the thumb. It appeared, based on the attending provider's sparse description of events that the applicant's neuropathic symptoms were confined to the thumb and seemingly a function of phantom limb pain associated with the partial thumb amputation. Electrodiagnostic testing would not, thus, have necessarily been beneficial in the clinical context present here, namely in the context of the applicant's having known phantom limb pain following a previous partial thumb amputation procedure. Therefore, the request was not medically necessary.

CONSULT: INITIAL FCE (FUNCTIONAL CAPACITY EVALUATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: Similarly, the request for an initial functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when needed to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was placed off of work, on total temporary disability, as of the date of the request, January 29, 2015. The applicant did not appear to have a job to return to. It did not appear that the applicant was intent on returning to the workplace or workforce. It was not clearly stated, in short, why a functional capacity testing was proposed in the clinical or vocational context present here. Therefore, the request was not medically necessary.