

Case Number:	CM15-0058385		
Date Assigned:	04/03/2015	Date of Injury:	05/12/2014
Decision Date:	06/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 05/12/2014. He sustained injuries to his left hand and left index finger. Treatment to date has included medications and x-rays. According to the most recent progress report submitted for review and dated 12/30/2014, the injured worker complained of pain in his hand and index finger that was described as constant, shooting and sharp at night. He also reported numbness and tingling and inability to make a fist or grip and item. Physical examination revealed elevated blood pressure. The provider noted examination for the right hand, not the left, during the physical examination. Examination of the right hand and index finger demonstrated full range of motion of the wrist and hand. He was unable to draw the right index finger into the palm of the hand. He had full opposability with all other digits except for the index finger. Diagnoses included left index finger arthrofibrosis and left upper extremity paresthesias. Treatment plan included MRI of the left hand and nerve conduction velocity/electromyography of the left upper extremity. Medication refills included Tramadol, Naproxen and Omeprazole. Work restrictions included no lifting over 10 pounds with the left hand, no excessive use of the left hand and no excessive gripping or grasping with the left hand. Currently under review is the request for electromyography / nerve conduction velocity studies of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. 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): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The exam show reduced motor and sensation of the left hand. The medical records fail to provide a proposed diagnosis for the abnormality see as an indication for the EMG. The NCS is not recommended by the guidelines. As such the request for EMG/NCV left upper extremity is not medically necessary.