MAXIMUS Federal Services

Case Number:	CM15-0084343		
Date Assigned:	05/06/2015	Date of Injury:	07/16/2009
Decision Date:	06/05/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60 year old male, who sustained an industrial injury on 7/16/2009. He reported injury to his left small finger while using a meat grinder. The injured worker was diagnosed as having pain in joint, hand. Treatment to date has included diagnostics, medications, transcutaneous electrical nerve stimulation unit, and 3 unspecified reconstructive surgeries to the left small finger. Currently, the injured worker complains of neck pain with radiation down the left arm and pain and deformity in the left small finger. He reported severe pain in his neck and left scapula, which radiates down his left shoulder, elbow, and left small and ring finger. He described it as a burning sensation and also had a cold sensation radiating down his left arm. Previous nerve conduction studies in 2011 were documented as normal and multiple radiographic imaging tests were referenced. Current medication use included Lunesta, Norco, and Oxycodone. Physical exam noted decreased sensation in his left small finger and good capillary refill and warmth in the hands and digits. The left finger was contracted at 90 degrees at the proximal interphalangeal joint and when making a fist, he was able to bring the fingertips to the palm. There was evidence of crossing of the small finger and ring finger with flexion. Exam of the cervical spine noted tenderness of the left posterior cervical triangle and the medial aspect of the left scapula. The treatment plan included a repeat nerve conduction study of the left upper extremity, to determine the possible involution of a peripheral nerve entrapment, which may be contributing to his symptoms. His work status was total temporary

disability. Urine drug screen, dated 1/28/2015, noted results consistent with no reported prescriptions listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

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 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 treating physician does not document evidence of radiculopathy, muscle atrophy, and abnormal neurologic finings. he treating physician has not met the above ACOEM and ODG criteria for an NCV of the upper extremities. The medical documentation provided indicate this patient had a normal NCS in 2011. The patient reports his symptoms became increasingly worse after the previous study and the treating physician indicates the study was the source of this patient's increased pain. On multiple occasions throughout the medical documentation, the treating physician documents obvious clinical signs of radiculopathy. As such the request for NCV of the left upper extremity is not medically necessary.