MAXIMUS Federal Services

Case Number:	CM14-0130810		
Date Assigned:	09/16/2014	Date of Injury:	08/26/2013
Decision Date:	10/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 37 year old gentleman was reportedly injured on August 26, 2013. The mechanism of injury is noted as falling and dropping a stone on his left index finger. Previous treatment includes two surgeries of the index finger of the left hand, physical therapy, as well as treatment with antiepileptic and antidepressant medication. Diagnosis is listed as pain in limb (729.). The most recent progress note, dated August 21, 2014, indicates that there are ongoing complaints of neuropathic symptoms of the index finger of the left hand, burning pain and weakness. Pain was rated a 7 out of 10 on visual analog scale (VAS). The physical examination demonstrated tenderness left hand second finger, hyperesthesia from left wrist, distally motor 4/5 left distal upper extremity including hand, finger flexors finger extensors, spasms of the inches the muscles of the hand decreased today. Current medications facilitated activities of daily living (ADL) to include light household duties, shopping for groceries, grooming, and cooking. Times without medications ADL's were in jeopardy. Recent diagnostic imaging studies were not available for review. Current medications include Hydrocodone 10 milligrams two to three times a day as needed for severe pain and breakthrough pain which does decrease somatic pain average of 4 to 5 points scale of o to 10 described as significant. Prior treatment includes medications, use of TENS, failed physical therapy, and exercise program. Per progress note dated A request was made for electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral upper extremities and an MRI of the wrist and was denied in the preauthorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the bilateral upper extremities: 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, Forearm, Wrist, and Hand Chapter, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The progress note dated June 17, 2014, states that there are significant interval changes in neurological findings; however, the prior progress note dated March 17, 2014 documents similar decreased sensation of the left index finger. Given the lack of documentation presented in the most recent progress note (June 17, 2014) to support EMG or NCV studies, this request for EMG and NCV studies of the bilateral upper extremities is not considered medically necessary.

Nerve Conduction Velocity (NCV) of the bilateral upper extremities: 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, Forearm, Wrist, and Hand Chapter, EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The progress note dated June 17, 2014, states that there are significant interval changes in neurological findings; however, the prior progress note dated March 17, 2014 documents similar decreased sensation of the left index finger. Given the lack of documentation to support electromyography (EMG) or nerve conduction velocity (NCV) studies, this request for EMG and NCV studies of the bilateral upper extremities is not considered medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, MRI's (magnetic resonance imaging) section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, MRI, Updated August 8, 2014

Decision rationale: According to the Official Disability Guidelines an MRI of the wrist is indicated for acute trauma to the wrist or chronic wrist pain with suspicion of a soft tissue tumor or Kienbock's disease. The injured employee sustained an injury to the index finger and not the wrist. The progress note dated August 21 did not identify any findings on the physical examination relative to the wrist. Therefore, when noting the diagnoses offered, the lack of physical examination findings and that here is no narrative presented in the progress note. There is nothing in the progress notes reviewed to support wrist pathology that would warrant enhanced imaging assessment. As such, this request for an MRI the wrist is not medically necessary.