

Case Number:	CM14-0142547		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2013
Decision Date:	03/06/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old male who reported an injury on 03/13/2014. The mechanism of injury was noted to be that the injured worker was trying to push a blower into a hydraulic cart, his fingers were crushed by the blower against the hydraulic cart. The surgical history included an amputation of the distal phalanges of the left hand ring and little fingers and a very small portion of the tip of the middle finger had to be amputated. On 07/16/2014, he presented for a followup evaluation. He reported left hand pain, rated at a 4/10, with associated numbness, tingling and weakness. It was stated that he was status post amputation of digits 3, and 4, and 5; and had reported mild improvement with physical therapy and acupuncture. A physical examination was not performed. Functional change since the last examination was noted to have improved mildly. He had increased mobility, and decreased pain intensity and medication intake. He was diagnosed with amputation of the 3, and 4, and 5 digits with residual pain and numbness, rule out nerve laceration. The documentation regarding diagnostic studies, medication use and objective examination findings were not provided for review. The treatment plan was for an EMG/NCV of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. Based on the clinical documentation submitted for review, the injured worker had reported numbness, tingling and weakness in the left hand. However, there was a lack of documentation of specific dermatomal or myotomal findings to support the request. There was a lack of documentation indicating the injured worker had both neurologic and radicular findings to support both an EMG and NCV. There was a lack of documentation that the injured worker had a necessity for bilateral studies. Therefore, the request an Outpatient electromyography (EMG) of bilateral upper extremities is not medically necessary.

Outpatient nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. Based on the clinical documentation submitted for review, the injured worker had reported numbness, tingling and weakness in the left hand. There was a lack of documentation indicating the injured worker had both neurologic and radicular findings to support both an EMG and NCV. There was a lack of documentation that the injured worker had a necessity for bilateral studies. Therefore, the request for Outpatient nerve conduction velocity (NCV) of bilateral upper extremities is not medically necessary.