

Case Number:	CM14-0192325		
Date Assigned:	11/26/2014	Date of Injury:	06/28/2014
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 48-year-old male, a professional baker, who caught his right hand in a dough mixer on 6/28/14. He sustained fractures of the right second and third fingers and a laceration of the right thumb. The fracture of the third finger was comminuted and angulated. The second finger was non-displaced. The injured worker underwent open reduction and internal fixation of the middle finger. He subsequently developed numbness and tingling in the median distribution of the right hand. Tendon adhesions were also noted in the middle finger with a discrepancy between the active and passive range of motion. Phalen's and Durkan's signs were positive in the right hand. The treating physician requested a neurology referral and electrodiagnostic studies of the upper extremities. Utilization review noncertified the neurology consultation as the diagnosis was fairly clear and could be confirmed by the electrodiagnostic studies. The nerve conduction study for the right hand was approved but electromyography was noncertified citing MTUS guidelines. The nerve conduction study and electromyography for the left hand were both noncertified as there was no need for comparison and the left hand was not symptomatic. The disputed issues pertain to denial of the electrodiagnostic studies of the left upper extremity, the neurology consultation, and the electromyography of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254-258, 260-261.

Decision rationale: California MTUS guidelines indicate the clinician should perform the initial assessment with a thorough medical history and physical examination including neurologic screening. The clinician has documented the medical history and examination consistent with carpal tunnel syndrome and also requested electrodiagnostic studies to confirm the diagnosis. There are no red flags. There is no evidence of cervical radiculopathy. The documentation does not indicate the rationale for a neurology consultation. As such, the request for a neurology consultation is not supported and the medical necessity is not medically necessary.

EMG/NCV Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to California MTUS guidelines the routine use of nerve conduction studies or electromyography in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not indicated. The documentation indicates that there are no symptoms in the left upper extremity. The nerve conduction study and electromyography were probably requested for comparison with the symptomatic right hand. Based upon the guidelines, electrodiagnostic studies of the left upper extremity are not supported and as such, the medical necessity is not medically necessary.

EMG Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: California MTUS guidelines include a practice parameter for electrodiagnostic studies in carpal tunnel syndrome. In patients with suspected carpal tunnel syndrome nerve conduction study is recommended, particularly a median sensory nerve conduction study across the wrist with a conduction distance of 13-14 cm. If the results are abnormal compare the results of the median sensory nerve conduction study to the results of the sensory nerve conduction study of 1 other adjacent sensory nerve in the symptomatic limb. Electromyography is not recommended unless it is a more difficult case and cervical

radiculopathy is suspected. Based upon the guidelines, this is not a difficult case and as such the request for electromyography is not medically necessary.