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| Case Number: | CM15-0106256 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 07/13/2014 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 07/13/2014. She has reported injury to the right hand. The diagnoses have included hand contusion. Treatment to date has included medications, diagnostics, wrist support, physical therapy, and home exercise program. Medications have included Tylenol. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. The injured worker reported the right hand pain is feeling the same; she is working full duty and not taking any medications; she talked to the specialist about testing for nerve injury; and she is massaging it at home and using ice. Objective findings included 2+ tenderness along the right fifth metacarpal; 1+ erythema; and full range of motion. The treatment plan has included the request for nerve conduction studies (NCS) 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:

Nerve conduction studies (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), 303.

Decision rationale: This claimant was injured about a year ago with a right hand contusion. There has been medicine, diagnostics, wrist support and physical therapy. The right hand pain is the same despite treatment. There is subjective tenderness on exam, but no objective or equivocal neurologic signs are noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing even equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.