

Case Number:	CM15-0175122		
Date Assigned:	09/16/2015	Date of Injury:	04/30/2014
Decision Date:	11/20/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old female who sustained a work-related injury on 4-30-14. Medical record documentation on 7-28-15 revealed the injured worker was being treated for sprain of the wrist. She reported intermittent right hand pain. Her last physical therapy session was completed in February and it helped her to manage her pain and increase her mobility. Objective findings included +2 tenderness of the right hand. Her right index tip, right dorsal area and right small tip were intact to light touch sensation. She reported having no new numbness and tingling. On 6-23-15 she reported constant pain and weakness in the right hand. She had numbness and tingling in the right hand when she would awaken which would subside and then return throughout the day. A request for EMG-NCV of the upper extremity was received on 7-30-15. On 8-4-15, the Utilization Review physician determined EMG-NCV of the upper extremity was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: This patient injured her right hand on 4/30/14 and was diagnosed with a right hand strain. She complains of constant right hand pain and weakness with some decreased sensation in her right hand. History and physical findings do not consistently document the presence of significant neurologic deficits to warrant the requested EMG/NCV. At the patient's last visit of 6/23/2015, there was only documentation of diminished sensation in the tips of the index and 5th finger and dorsal web space of the right hand. No weakness was documented at this visit. Without further documentation, the request for an EMG/NCV cannot be supported as medically necessary or appropriate.