

Case Number:	CM15-0068975		
Date Assigned:	04/16/2015	Date of Injury:	02/05/2014
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/11/2015

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

Certification(s)/Specialty: Emergency 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:

This 55 year old male sustained an industrial injury to the left ankle, hand and wrist on 2/5/14. Previous treatment included left ankle medial malleolar fracture open reduction internal fixation, left ankle arthroscopy, bone stimulator, physical therapy, hand therapy, crutches, splinting and medications. In an orthopedic reevaluation dated 2/25/15, the injured worker reported having sharp shocks of pain in the left ankle and increasing numbness and tingling to the left hand. The injured worker also reported having some catching in the wrist with certain motions and shoulder pain that began in December. Physical exam was remarkable for left wrist with crepitation upon range of motion, normal sensation and positive Phalen's and Tinel's tests and left ankle with tenderness to palpation and well-healed incisions. Current diagnoses included left ankle medial malleolar fracture with open reduction internal fixation and resolved cellulitis, history of left ankle arthroscopy, left wrist contusion with superficial radial nerve hypersensitivity, rule out left upper extremity carpal tunnel syndrome, left shoulder pain and persistent left ankle pain with retained hardware. The treatment plan included left ankle x-ray to evaluate whether the injured worker was a candidate for hardware removal, electromyography/nerve conduction velocity test upper extremity and medications (Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve Conduction Velocity (NCV) to left upper extremity:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested Electromyogram (EMG)/Nerve Conduction Velocity (NCV) to left upper extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electro diagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The treating physician has documented the left wrist with crepitation upon range of motion, normal sensation and positive Phalen's and Tinel's tests and left ankle with tenderness to palpation and well-healed incisions. The treating physician has not documented an acute clinical change since the date of previous electro diagnostic testing. The criteria noted above not having been met, Electromyogram (EMG)/Nerve Conduction Velocity (NCV) to left upper extremity is not medically necessary.