MAXIMUS Federal Services

Case Number:	CM15-0071627		
Date Assigned:	04/21/2015	Date of Injury:	09/15/2014
Decision Date:	07/07/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey
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:

The injured worker is a 26-year-old male, with a reported date of injury of 09/15/2014. The diagnoses include closed right hand fracture, right hand sprain/strain, bilateral wrist sprain/strain, contusion of the hands, and sprain/strain of the fingers. Treatments to date have included an MRI of the right hand, physical therapy, oral medications, and x-rays of the right wrist and hand. The medical report dated 02/04/2015 indicates that the injured worker felt pain relief after treatments. He complained of pain in both wrists and rated the pain 9 out of 10. The objective findings include the onset of right wrist pain with carrying bags of asphalt and concrete, non-antalgic, upper extremity deep tendon reflexes 2+/4, positive Tinel's, and positive Phalen's. The treating physician requested nerve conduction velocity (NCV) of the bilateral upper extremities, electromyography (EMG) of the bilateral upper extremities, and a range of motion test for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was significant and persistent right sided wrist symptoms with some physical findings suggestive of ulnar entrapment and muscle spasm of the forearm and hand causing pain and neuropathy. Confirmation of any nerve involvement related to these reported symptoms and findings is reasonable and may be via EMG as ordered. Therefore, due to the unclear presentation and diffuse symptoms and physical findings, there is medical necessity for a right upper extremity EMG.

Electromyogram (EMG) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was significant and persistent right sided wrist symptoms, but no left-sided symptoms or any left-sided physical examination recorded in the notes which would have helped justify this request for left upper extremity EMG. Therefore, the left upper extremity EMG will be considered medically unnecessary.

Nerve Conduction Velocity (NCV) of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be

considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was significant and persistent right sided wrist symptoms, but no left-sided symptoms or any left-sided physical examination recorded in the notes which would have helped justify this request for left upper extremity NCV. Therefore, the left upper extremity NCV will be considered medically unnecessary.

Nerve Conduction Velocity (NCV) of the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was significant and persistent right sided wrist symptoms with some physical findings suggestive of ulnar entrapment and muscle spasm of the forearm and hand causing pain and neuropathy. Confirmation of any nerve involvement related to these reported symptoms and findings is reasonable and may be via NCV as ordered. Therefore, due to the unclear presentation and diffuse symptoms and physical findings, there is medical necessity for a right upper extremity NCV.

Range of motion test 1 time a month, unspecified number of months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257-258. Decision based on Non-MTUS Citation ODG, Low Back, Flexibility and Flexion/extension imaging studies.

Decision rationale: The MTUS Guidelines does not address range of motion testing for upper extremities, but states that range of motion testing may be included in a standard manual physical examination, and does not mention any mechanical or computerized range of motion testing as acceptable methods for assessing range of motion. The ODG states that tools such as an inclinometer are not recommended as the results have unclear value over manual testing. In the case of this worker, there was no indication that anything but manual range of motion testing was warranted as an exception to the Guidelines. Also, the request did not specify which body area or number of tests, which would be required before consideration could be made for approval. Therefore, the request for range of motion testing will be considered medically unnecessary.