

Case Number:	CM17-0020384		
Date Assigned:	02/06/2017	Date of Injury:	10/20/2016
Decision Date:	02/28/2017	UR Denial Date:	01/19/2017
Priority:	Standard	Application Received:	01/31/2017

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 10-20-16. The documentation on 1-12-17 noted that the injured worker has complaints of continued numbness and constant mild pain on right ulnar wrist and fingers. Wrist and hand examination revealed mild edema with skin color change. Palpation has mild pain at right wrist with slight edema. Wrist range of motion is limited with all planes. Sensation is decreased of ulnar fingers on right. A review of the medical records shows the injured worker has had diagnoses of right distal radius unspecified type fracture and stiffness of right wrist joint; stiffness of right hand joint and stiffness of right wrist joint. Treatment to date has included occupational therapy; wrist-hand splint and medications. The original utilization review (1-19-17) modified the request for electromyogram and nerve conduction studies of the right upper extremity to nerve conduction studies 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:

EMG/NCS of the right upper extremity was the original request. NCS of the right upper extremity was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, EMG of the right upper extremity is: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury on 10/20/16 when she fell with a right distal radius fracture treated with a cast. Her injury occurred while working as a truck driver when she fell while closing a truck door. She used her right hand to break her fall. On 12/01/16 the cast was removed. On 12/15/16 she had moderate wrist pain. She was unable to extend her right wrist. She was still using a wrist brace. She was referred for therapy. She was evaluated on 12/22/16. She was having right hand pain which was rated at 5-10/10. As of 01/11/17 she had attended five treatment sessions. When seen in January 2017 she was gradually improving. She had ongoing numbness and was having constant mild pain over the right ulnar wrist and fingers. She was still having problems with gripping and wrist motion but her grip had improved. Physical examination findings included mild edema with skin color change. She had mild pain with palpation. There was limited wrist and full hand range of motion. She had decreased wrist strength graded at 4+/5 and hand strength graded at 5-/5. There was decreased sensation of the ulnar fingers. A nerve conduction study was requested to rule out nerve entrapment at the wrist and elbow due to continued finger paresthesias. Work restrictions were continued. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of neurological symptoms and establishing a diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is a history of trauma and the claimant has both sensory and motor deficits. Decreased sensation over the ulnar fingers and decreased wrist strength could be due to a brachial plexus injury or cervical radiculopathy as well as an entrapment neuropathy. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. For these reasons, both electromyography and nerve condition studies are medically necessary.