MAXIMUS Federal Services

| Case Number: | CM13-0018475 | | |
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| Date Assigned: | 06/11/2014 | Date of Injury: | 01/15/2013 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 07/29/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 59-year-old female who reported injury on 01/15/2013. The mechanism of injury is unknown. The injured worker complained of pain in her right elbow, forearm, wrist, and hand. Rated her pain as 6/10 on VAS. Physical examination of the hands revealed nonspecific tenderness in the right hand to palpation. It also revealed partial amputation of the right ring finger. Examination of the right wrist range of motion revealed flexion of 60 degrees, extension 60 degrees, radial deviation 15 degrees, and ulnar deviation of 10 degrees. Tinel's wrist, Phalen's, compression test all 3 positive. The injured worker has diagnoses of pain in joint involving hand, pain in joint involving forearm, sprain of unspecified site of hand, disturbance of skin sensation, anxiety state unspecified, unspecified sleep disturbance, myalgia, and myositis unspecified. The injured worker's past treatment includes psychological pain management therapy, physical therapy, and medication therapy. Medications include Dicopanol 5 mg, Deprizine 5 mg, Fanatrex 25 mg, Synapryn 10 mg, and Tabradol 1 mg. Current treatment plan is for electromyogram (EMG) of bilateral upper extremities, nerve conduction velocity (NCV) of the bilateral upper extremities, and follow-up with hand surgeon [redacted] for evaluation. The rationale and Request for Authorization Form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The injured worker complained of right elbow, forearm, wrist and hand pain, rated her pain 6/10 on VAS. ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The guidelines for an EMG are as followed: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The submitted report lacked any evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. There also lacked evidence of sensory deficits over the right arm. There was also no mention in submitted report about any injuries to the left arm. As such, the request for electromyogram of bilateral upper extremities is not medically necessary and appropriate.

**NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The injured worker complained of right elbow, forearm, wrist and hand pain, rated her pain 6/10 on VAS. ACOEM states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The guidelines for an EMG are as followed: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. As guidelines stipulate, in the submitted report there was no emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction. Submitted report also lacked any documentation of failure to any physical therapy, home exercise program, or medications. Furthermore, the report submitted lacked unequivocal findings that identified specific nerve compromise on the neurologic examination of the injured worker's right arm. As such, the request for nerve conduction velocity of the bilateral upper extremities is not medically necessary and appropriate.

**FOLLOW UP WITH HAND SURGEON [redacted] FOR EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Office Visit.

**Decision rationale:** The injured worker complained of right elbow, forearm, wrist and hand pain, rated her pain 6/10 on VAS. The ODG recommend an office visit when it is determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Given that the doctors play a critical role in the proper diagnosis and function of an injured worker it is suggested that they may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan of care may benefit from additional expertise. Given the above, the request for followup with hand surgeon [redacted] is not medically necessary and appropriate.