

Case Number:	CM13-0036185		
Date Assigned:	09/12/2014	Date of Injury:	08/20/2008
Decision Date:	11/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/18/2013

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, has a subspecialty in Spinal Cord Injury and is licensed to practice in New York. 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 46 year old female who reported an injury on 08/20/2008. The mechanism of injury was reportedly occurred when assisting a resident to clean her and the resident fell on her hand and she twisted her right wrist. The injured workers diagnoses included right hand contusion/strain. The injured worker's past treatments included acupuncture. The injured worker's diagnostic studies and surgical history were not provided. Per physician note dated 08/21/2013, the injured worker complained of neck pain. The injured worker's medical records did not provide objective findings. The injured worker's medical records did not provide the current medications. The request is for nerve conduction velocity (NCV) and electromyogram (EMG) of the right upper extremity. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, & hand, Nerve Conduction Studies.

Decision rationale: The request for Nerve Conduction Velocity (NCV) of the right upper extremity is not medically necessary. The injured workers diagnoses included right hand contusion/strain. The Official Disability Guidelines recommended nerve conduction studies as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). The injured worker's complaint was of neck pain, however, the medical records did not indicate that range of motion was performed on the upper extremities. There is a lack of significant physical examination findings which demonstrate neurological deficit in the upper extremities. As such, the request for nerve conduction velocity (NCV) of the right upper extremity is not medically necessary.

ELECTROMYOGRAM (EMG) OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, & hand, Electromyography (EMG).

Decision rationale: The request for electromyogram (EMG) of the right upper extremity is not medically necessary. The injured workers diagnoses included right hand contusion/strain. The California MTUS/ACOEM Guidelines state 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 Official Disability Guidelines recommended electromyography as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). The injured workers complaint was of neck pain, however, the medical records did not indicate that range of motion was performed on the upper extremities. There is a lack of significant physical examination findings which demonstrate neurological deficit in the upper extremities. As such, the request for electromyogram (EMG) of the right upper extremity is not medically necessary.