

Case Number:	CM13-0041195		
Date Assigned:	12/20/2013	Date of Injury:	02/08/2013
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in Texas. 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 physician 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 patient is a 24-year-old female who reported injury on 02/08/2013 with the mechanism of injury being grasping, bending and overhead reaching. The patient was noted to have right wrist/hand pain, cracking, weakness, and numbness with difficulty sleeping. The patient was noted to have tenderness over the dorsum of both wrists and hands and a positive Phalen's test. The diagnoses were noted to include contusion left elbow with mild symptoms secondary to pain and a sprain of the left wrist and hand along with a lumbar spine strain and tendonitis in the right wrist and hand. The request was made for bilateral EMG and NCV of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

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

Decision rationale: 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 clinical documentation submitted for review indicated that patient had a positive Phalen's test, however failed to indicate if the findings were bilateral. It failed to indicate the patient had a 4 to 6 week period of conservative care. Additionally, it failed to provide the rationale for both an EMG and NCV. There was a lack of documentation as to whether the patient's symptoms had either worsened, stayed the same, or improved as most of the documentation was directed toward the back, with the exception of one note from February of 2013 and then the note asking for the testing on 09/04/2013. Given the above, the request for an EMG of the left upper extremity is not medically necessary

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

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

Decision rationale: 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 clinical documentation submitted for review indicated that patient had a positive Phalen's test, however failed to indicate if the findings were bilateral. It failed to indicate the patient had a 4 to 6 week period of conservative care. Additionally, it failed to provide the rationale for both an EMG and NCV. There was a lack of documentation as to whether the patient's symptoms had either worsened, stayed the same, or improved as most of the documentation was directed toward the back, with the exception of one note from February of 2013 and then the note asking for the testing on 09/04/2013. Given the above, the request for an NCV of the right upper extremity is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

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

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EMG and NCV. There was a lack of documentation as to whether the patient's symptoms had either worsened, stayed the same, or improved as most of the documentation was directed toward the back, with the exception of one note from February of 2013 and then the note asking for the testing on 09/04/2013. Given the above, the request for an NCV of the left upper extremity is not medically necessary.

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