

Case Number:	CM13-0041204		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2013
Decision Date:	03/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 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:

██████████ is a 27 year old woman who sustained a work related injury on April 1 2013. Subsequently has had right wrist and elbow pain. According to a progress note dated on September 23, 2013, the patient was complaining of moderate to severe right wrist and elbow pain, aggravated by gripping and grasping. Physical examination demonstrated spasm and tenderness to the right lateral and medial epicondyles, decreased right median and ulnar nerve peripheral distributions at the wrist and elbow. The patient was diagnosed with carpal tunnel syndrome, ulnar neuropathy, medial and lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of Bilateral Upper Extremities: 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): 269.

Decision rationale: According to MTUS guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify

abnormalities related to disc protrusion. According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain. In addition, and according to MTUS guidelines, table 11.6, EMG/NCV testing have low ability to identify wrist and forearm pathology except for carpal tunnel syndrome. The employee does not have a clear evidence of carpal tunnel syndrome or radiculopathy. Therefore, the request for Electromyography (EMG) of Bilateral Upper Extremities is not medically necessary.

Nerve Conduction (NCV) of Bilateral Upper Extremities: 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): 269.

Decision rationale: According to MTUS guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion. According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain. In addition, and according to MTUS guidelines, table 11.6, EMG/NCV testing have low ability to identify wrist and forearm pathology except for carpal tunnel syndrome. The employee does not have a clear evidence of carpal tunnel syndrome or radiculopathy. Therefore, the request for Nerve Conduction (NCV) of Bilateral Upper Extremities is not medically necessary.