MAXIMUS Federal Services

Case Number:	CM13-0053362		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2010
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational 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 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 patient is a 42-year-old female with an April 15, 2010 date of injury. At the time (9/24/13) of the request for authorization for an electromyogram (EMG) and nerve conduction velocity (NCV) study of both of the upper extremities, there is documentation of subjective (increased pain in both of her arms and hands associated with an increased tingling and burning sensation) and objective (some swelling of both of the hands and in all the fingers, both of the hands were very erythematous and extraordinarily warm to even hot to the touch, there is also description of tingling as well as a burning sensation in all of the fingers in both of the hands with the examination) findings, current diagnoses (reflex sympathetic dystrophy upper limb), and treatment to date (medication). There is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33.

Decision rationale: The California MTUS Guidelines identify documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy upper limb. However, despite documentation of increased pain in both of her arms and hands, there is no documentation of subjective or objective findings consistent with radiculopathy, nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for a NCV (nerve conduction velocity) of the right upper extremity is not medically necessary.

NCV(NERVE CONDUCTION VELOCITY) OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33.

Decision rationale: The California MTUS Guidelines identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy upper limb. However, despite documentation of increased pain in both of her arms and hands, there is no documentation of subjective or objective findings consistent with radiculopathy, nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV (nerve conduction velocity) of the left upper extremity is not medically necessary.

EMG(ELECTROMYOGRAPHY) OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: The California MTUS Guidelines identifies documentation of subjective and objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of an EMG/NCV. The ODG states that an EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy upper limb. However, despite documentation of increased pain in both of her arms and hands, there is no documentation of subjective or objective findings consistent with

radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for an EMG (electromyography) of the right upper extremity is not medically necessary.

EMG(ELECTROMYOGRAPHY) OF LEFT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

Decision rationale: The California MTUS Guidelines identifies documentation of subjective and objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of an EMG/NCV. The ODG identifies that an EMG is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy upper limb. However, despite documentation of increased pain in both of her arms and hands, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for an EMG (electromyography) of the left upper extremity is not medically necessary.