

Case Number:	CM14-0004405		
Date Assigned:	02/05/2014	Date of Injury:	02/01/2013
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 47-year-old female who has submitted a claim for right elbow, wrist, hand, and thumb sprain/strain associated with an industrial injury date of February 1, 2013. Medical records from 2013 to were reviewed. The patient complained of right hand pain, swelling, and numbness associated with sharp stabbing pain at the right elbow. Physical examination showed edema over the right hand; tenderness at the MCP, Guyon, and cubital tunnel; positive Tinel's test; and abnormal two-point discrimination. Treatment to date has included NSAIDs, opioids, splinting, massage, physical therapy, chiropractic sessions, and IF.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation

atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy. Recent progress notes reported right hand pain, swelling, and numbness associated with sharp stabbing pain at the right elbow. The patient has focal neurologic deficit manifested by positive Tinel's test and abnormal two-point discrimination. Therefore, the request for electromyography (EMG) of right upper extremity is medically necessary.

NERVE CONDUCTION STUDIES (NCS) OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS) 2014.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Recent progress notes reported right hand pain, swelling, and numbness associated with sharp stabbing pain at the right elbow. Examination showed positive Tinel's test and abnormal two-point discrimination. The patient's symptoms and physical examination findings suggest the presence of radiculopathy and/or neuropathy. Therefore, the request for nerve conduction studies (NCS) of the right upper extremity is medically necessary.