

Case Number:	CM14-0124763		
Date Assigned:	08/08/2014	Date of Injury:	06/10/2013
Decision Date:	11/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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:

This case is a 45-year old female with a date of injury on 6/10/2013. Reviews of the medical records indicate that the patient has been undergoing treatment for wrist and hand sprain and tenosynovitis. Subjective complaints (10/22/2013) include left hand pain 7/10 rating with tingling sensation to left hand and (6/13/2014, 6/16/2014) include "not improved significantly". Objective findings (10/22/2013) include 0kg grip strength to bilateral hands, diffuse tenderness to left hand, normal neurological exam. Notes from 6/13/2014, 6/16/2014 did not document physical exam findings. MRI dated 10/15/2013 reveal disc protrusion at C5-6 without spinal stenosis, disc bulge at C3-4 without spinal stenosis, disc protrusion at C4-5. Treatment has included physical therapy (unknown number of sessions). A utilization review dated 7/10/2014 non-certified the following: Electromyography (EMG) for Bilateral Hands and Fingers, Nerve Conduction Velocity (NCV) for Bilateral Hands and Fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) for Bilateral Hands and Fingers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (updated 02/18/2014): Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by Electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician notes tingling to the patient's left hand in a 10/2013 medical note, but do not refer to any additional left hand paresthesia in subsequent notes. There are also no objective findings in the preceding 1 years' worth of medical notes to substantiate the need for EMG testing of either hand. As such, the request for Electromyography (EMG) for Bilateral Hands and Fingers is not medically necessary.

Nerve Conduction Velocity (NCV) for Bilateral Hands and Fingers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (updated 02/18/2014): Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate Electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician does not document evidence of radiculopathy, muscle atrophy, failure of conservative therapy, and abnormal neurologic findings. The requested EMG was not deemed medically necessary. The treating physician has not met the above ACOEM and ODG criteria for an NCV. As such, the request for Nerve Conduction Velocity (NCV) for Bilateral Hands and Fingers is not medically necessary.

