

Case Number:	CM14-0140742		
Date Assigned:	09/05/2014	Date of Injury:	05/01/2014
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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:

Injured worker is a female with date of injury 5/1/2014. Per clinic report dated 8/7/2014, the injured worker complains of continued pain of 4-5/10 in the right hand, elbow and forearm. She says that the wrist splint has helped her a great deal as has physical therapy. On examination her neck has full range of motion without pain or discomfort. Examination of the right hand and forearm shows no discoloration, deformities, erythema or edema. She has flexion and extension, lateral and medial deviations of the wrist to about 20 degrees. Her grip strength is good. Her capillary refills are instantaneous on the distal tips of the right hand. Examination of the elbow shows there is no discoloration, deformities, erythema or edema. There is some palpable tenderness on the lateral side going down into the arm. Upon full flexion of more than 10 seconds, she gets numbness and tingling in her fingers. Upon full extension she gets the same. Ambulation is without assist, discomfort or distress. Diagnoses include 1) likely internal derangement of the right wrist and hand 2) right wrist, hand and thumb pain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG Guidelines Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV 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 report and diagnoses do not suggest that the injured worker is suffering from nerve dysfunction that could benefit from EMG study. Medical necessity of this request has not been established. Therefore, the request for EMG (Electromyography) of the right upper extremity is not medically necessary and appropriate.