

Case Number:	CM14-0172187		
Date Assigned:	10/23/2014	Date of Injury:	06/13/2012
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 44-year-old male with a 6/13/12 date of injury. At the time (8/20/14) of request for authorization for Electromyography/Nerve conduction Velocity (EMG/NCV) of the Bilateral Upper Extremities, there is documentation of subjective (moderate to severe right hand pain shooting up towards the elbow) and objective (decreased right hand palmar flexion, dorsiflexion, and radial/ulnar deviation) findings, electrodiagnostic findings (NCS/EMG of the bilateral upper extremities (2/5/13) report revealed a negative exam, with absence of ulnar conduction velocities above and below the wrist and normal median motor latency), current diagnoses (lumbar spine sprain/strain, post-traumatic headaches, right wrist ganglion cyst, scapholunate tear of the right wrist, and right wrist internal derangement), and treatment to date (medications and physical modalities). There is no documentation of an interval injury or progressive neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation, Online Edition; Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM 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. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, post-traumatic headaches, right wrist ganglion cyst, scapholunate tear of the right wrist, and right wrist internal derangement. In addition, there is documentation of a previous NCS/EMG of the upper extremities performed on 2/5/13 with negative findings. Furthermore, there is documentation of failure of conservative treatment (medications and physical modalities). However, despite nonspecific documentation of subjective findings (moderate to severe right hand pain shooting up towards the elbow), and given documentation of objective findings (decreased right hand palmar flexion, dorsiflexion, and radial/ulnar deviation); there is no documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for Electromyography/Nerve conduction Velocity (EMG/NCV) of the Bilateral Upper Extremities is not medically necessary.