MAXIMUS Federal Services

Case Number:	CM14-0035351		
Date Assigned:	06/23/2014	Date of Injury:	03/07/2013
Decision Date:	12/16/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation 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 35-year-old female with a 3/7/13 date of injury. At the time (3/19/14) of the decision for electromyography (EMG) right upper extremity and nerve conduction velocity (NCV) right upper extremity, there is documentation of subjective (pain radiating from the dorsal aspect of the right wrist into the 5th finger) and objective (normal deep tendon reflexes, decreased wrist range of motion, and equivocal sensation testing on right fifth finger) findings, electrodiagnostic study findings (EMG and NCV of bilateral upper extremities (1/16/14) report revealed normal electromyogram of both upper extremities, and unobtainable sensory latency in the right median nerve), current diagnoses (right triangular fibrocartilage complex with distal ulnar joint instability), and treatment to date (medications, splinting, and physical therapy). Regarding EMG and NCV of the right upper extremity, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC: Corpus Christi, TX;www.odg-twc.com;Section Elbow (Acute& Chronic)

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 a diagnosis of right triangular fibrocartilage complex with distal ulnar joint instability. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for electromyography (EMG) right upper extremity is not medically necessary.

Nerve Conduction Velocity (NCV) RIght Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC: Corpus Christi, TX;www.odg-twc.com;Section Elbow (Acute& Chronic)

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 a diagnosis of right triangular fibrocartilage complex with distal ulnar joint instability. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction velocity (NCV) right upper extremity is not medically necessary.