

Case Number:	CM14-0202776		
Date Assigned:	12/15/2014	Date of Injury:	10/05/2011
Decision Date:	01/31/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53 year old man sustained an industrial injury on 10/5/2011 to the left finger after pulling something out of the freezer. Current diagnoses include left finger injury and pain. It is difficult to determine the worker's history of treatment or current physical assessment, pain, complaints, or physical abilities. Documentation submitted for review included a functional capacity evaluation, first report of injury, laboratory results, radiology testing, pain evaluation report, and requests for authorization. There are no physician notes from office visits, physical examination, physical therapy notes/reports, or specialist consultations. It is not clearly documented if the worker is currently able to work or perform activities of daily living or if there are restrictions applied to the worker's regimen. On 11/13/2014, Utilization Review evaluated a prescription for bilateral upper extremity EMG/NCV. The UR physician noted a lack of documentation including subjective complaints of neurological symptoms, focal neurological findings, and lack of documentation submitted for review. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral upper extremity EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261 and 272, table 11 - 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), <Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain and back pain (page 179). The patient developed upper extremity pain without any clinical or MRI evidence of radiculopathy or peripheral nerve compromise. Therefore, the request for Bilateral upper extremity EMG/NCV is not medically necessary until more information is provided.