

Case Number:	CM14-0093516		
Date Assigned:	07/25/2014	Date of Injury:	08/20/2011
Decision Date:	01/02/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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:

The injured worker is a 59 year old male who was injured on 08/20/2011 and sustained injuries to the right shoulder, elbow, hand and wrist while using a scrubbing machine in his employ as a maintenance worker. After the injury the injured worker finished his shift and did report the incident. Per documentation dated 02/12/2014 initial radiographs were unremarkable. The injured worker received pain medication, a sling and a prescription for physical therapy. He has received an injection of the right wrist which was somewhat helpful and had an MRI scan but results were not available. He reports his activities of daily living were impacted in that the right wrist discomfort prevents him from performing gripping, squeezing and grasping activities. Therefore his driving and lifting abilities are impacted on a scale of six to ten (6/10). The range of motion of the right shoulder and right wrist indicated loss of mobility. The diagnoses were possible cubital tunnel syndrome right elbow, carpal tunnel syndrome right wrist and tendonitis right wrist/thumb. The injured worker last worked 2/22/2013 per documentation dated 2/12/14. Carpal tunnel surgery was recommended on 10/31/2013 and was declined. Radiographs dated 3/13/14 of the right wrist reveal no significant abnormality but with mild degenerative changes in the right thumb. On 4/21/2014 physical therapy and pain medications were requested. On 5/16/2014 the injured worker completed his physical therapy program with reported improvement of right wrist pain (pain level 1/10 at rest and 8/10 with activity). He will continue home exercise program. As of 5/28/14 his diagnoses included chronic sprain with aggravated arthritis of the right wrist and thumb and extensor tendon injury to the right hand, thumb and wrist associated with blunt trauma to the right elbow. He was issued a prescription for neurodiagnostic testing that included an electromyography and nerve conduction studies of the neck and both upper extremities. He is to remain off work for one month. On 6/16/14 Utilization Review non-certified electromyogram/ nerve conduction study of the neck and bilateral upper

extremities based on insufficient objective documentation of carpal tunnel syndrome such as positive proactive maneuvers or positive neurologic exam findings consistent with nerve compromise with the exception of decreased grip strength. Of note, documentation dated 7/30/14 indicated no specific restrictions or preclusions of activity level.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of Neck and Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 179, 182, 269, 303, 304.

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 right wrist and elbow pain without any clinical evidence or MRI evidence of radiculopathy or peripheral nerve compromise. Therefore, the request for EMG of neck and Bilateral Upper Extremities is not medically necessary.

NCS Neck and Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 179, 182, 269, 303, 304.

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

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