

Case Number:	CM15-0009722		
Date Assigned:	01/27/2015	Date of Injury:	09/20/2014
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported injury on 09/20/2014. The mechanism of injury was a trip on uneven ground in the parking lot in front of the emergency room. The documentation of 12/15/2014 revealed the injured worker had completed physical therapy and occupational therapy and had an appointment with a hand specialist on 12/19/2014. The subsequent documentation of 12/29/2014 revealed the injured worker saw the hand specialist on 12/19/2014 and there was a recommendation for an EMG/NCV of the bilateral upper extremities and MRI of the left wrist and forearm and elbow for persistent symptoms. The surgical history was stated to be no significant past surgical history. The medications included ibuprofen 600 mg 1 tablet every 6 hours as needed for pain. The ranges of motion of the elbows, wrists, and fingers were full bilaterally. There was no gross deformity. There was diffuse tenderness to palpation at the left wrist and the Watson's shift test was negative. There was snuffbox tenderness. There was tenderness to palpation at the olecranon and the medial and lateral epicondyles of the elbow without swelling or increased warmth. The diagnoses included wrist strain left and contusion forearm and elbow bilateral. There was a Request for Authorization submitted for review dated 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that 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 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had tenderness. However, there was a lack of documentation of objective findings including a positive Phalen's test and positive Tinel's test to support the necessity for the requested testing. There was a lack of documentation of a failure of conservative care. There was a lack of documentation indicating the injured worker had a peripheral neuropathy condition in the bilateral upper extremities, and there was no documentation specifically indicating a necessity for both an EMG and NCV. There was a lack of documentation indicating a necessity for the testing on the bilateral upper extremities. Given the above, the request for EMG/NCV of bilateral upper extremities is not medically necessary.