Case Number:	CM15-0107727		
Date Assigned:	06/12/2015	**Date of Injury:**	11/18/2010
Decision Date:	07/16/2015	**UR Denial Date:**	05/26/2015
Priority:	Standard	**Application Received:**	06/04/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 65-year-old female who sustained an industrial injury on 11/18/10 when her right hand was crushed in a mechanical door. She was medically evaluated, x-rays done and was diagnosed with three fractures at the level of the right thumb. She was placed in a brace and taken off work. The pain continued and she was diagnosed with impingement syndrome of the right shoulder and pain and discomfort at the right elbow and wrist. She currently complains of right wrist pain (6/10), status post right carpal tunnel release (2013); right thumb pain (3/10) right shoulder pain (3/10). Medications are duloxetine, cyclobenzaprine that decreases pain to 4-6/10 and pantoprazole. She is able to perform activities of daily living with medication such as self-care, grocery shopping, cooking and light household duties. On physical exam, there were decreased spasms from previous exams in the forearm musculature and decreased grip strength. Diagnoses include status post right carpal tunnel release (2013); right shoulder impingement/ rotator cuff pathology; right lateral epicondylitis; status post right hand crush injury. Treatments to date include medications with effect; psychiatric visits. She has had MRI of the right wrist and forearm showing lateral epicondylitis at the level of the right elbow. In the progress note, dated 4/15/15 the treating provider's plan of care includes requests for updated electromyography/ nerve conduction studies of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the right upper extremity. According to the ODG, Electromyography (EMG) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there is no documented motor weakness, decreased sensation, altered reflexes, nerve root tension signs, and special orthopedic tests to fully support carpal tunnel and/or cervical radiculopathy. Medical necessity for the requested item is not established, as guideline criteria have not been met. The requested item is not medically necessary.

NCV of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity testing.

Decision rationale: The request for diagnostic test NCV for the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there are no complaints or physical exam findings to suggest peripheral nerve entrapment to warrant an NCV. Medical necessity for the requested study has not been established. The requested study is not medically necessary.

NCV of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve conduction Velocity Testing.

Decision rationale: The request for diagnostic test NCV for the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there are no complaints or physical exam findings to suggest peripheral nerve entrapment to warrant an NCV. Medical necessity for the requested study is not established. The requested study is not medically necessary.

EMG of the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the left upper extremity. According to the ODG, EMG (Electromyography) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there is no documented motor weakness, decreased sensation, altered reflexes, nerve root tension signs, and special orthopedic tests to fully support carpal tunnel and/or cervical radiculopathy. Medical necessity for the requested study has not been established, as guideline criteria have not been met. The requested study is not medically necessary.