

Case Number:	CM15-0109658		
Date Assigned:	06/16/2015	Date of Injury:	10/09/2014
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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 59 year old male who sustained an industrial injury on 10/09/2014. Current diagnoses include status post crush injury of the wrist and hand and status post closed fracture of the right ulna with residual ankylosis of the wrist. Previous treatments included medications, physical therapy, and splint. Previous diagnostic studies include a right wrist x-ray. Initial injuries sustained included the right wrist and hand. Report dated 02/10/2015 noted that the injured worker presented with complaints that included minimal pain, ability to grasp/grip with the right hand has improved, and mild acro paresthesias involving the thumb and middle finger. Pain level was not included. Physical examination was positive for decreased range of motion and weakly positive Tinel's sign at the right wrist. The treatment plan included performing a re-evaluation, pending authorization for ortho evaluation, and trial of regular work duties. Of note there were no recent medical records submitted for review. Disputed treatments include EMG (electromyography)/ NCV (nerve conduction velocity) study of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity) study of the Right Upper Extremity: Overturned

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 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision rationale: This patient presents with right wrist and hand pain. The current request is for EMG (electromyography)/ NCV (nerve conduction velocity) study of the Right Upper Extremity. The RFA is dated 05/06/15. Treatment history included physical therapy, splint, medications and modified work duty. The patient is working. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." There is no indication of prior EMG/NCV testing of the upper extremities. According to progress report 5/06/15, the patient reported ongoing numbness and tingling predominantly in the thumb, index and middle finger. Physical examination of the right hand/wrist revealed positive compression test and positive Tinel's and Phalen's sign. There was decreased sensation noted in the C6-7 dermatomes. The treater recommended an EMG/NCV of the right upper extremity to confirm carpal tunnel syndrome. Given the patient's continued complaints of radicular pain, positive neurological findings and failure of conservative treatment, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Therefore, the requested EMG/NCV of the right upper extremity is medically necessary.