

Case Number:	CM15-0137961		
Date Assigned:	07/28/2015	Date of Injury:	10/12/2012
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial/work injury on 10/12/12. She reported an initial complaint of right wrist pain. The injured worker was diagnosed as having right carpal tunnel syndrome, right wrist internal derangement, right wrist pain, s/p surgery. Treatment to date includes medication, surgery (right wrist scapholunate reconstruction on 10/28/14, pin removal on 1/2015), and physical therapy. Currently, on 6/23/15 the injured worker complained of frequent mild to 3/10 dull right wrist pain and weakness, associated with repetitive movement with relief from medication and rest. Per the primary physician's report (PR-2) on 6/23/15, physical examination of the right wrist revealed grip strength testing causes pain bilaterally at the wrist, post-surgical pin removal, range of motion is limited and painful, and tenderness to palpation of the dorsal wrist and Phalen's could not be performed. Physical examination of the left wrist was not specified in the records specified. The requested treatments include EMG/NCV bilateral upper extremities. The patient had received an unspecified number of the PT visits for this injury. The medication list includes Norco. Per the note dated 5/29/15 the patient had complaints of pain, stiffness and weakness in right wrist. Physical examination of the right wrist revealed limited range of motion, tenderness on palpation, decreased strength and normal sensory examination. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Wrist or Forearm Chapter, EMG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: EMG/NCV bilateral upper extremities. Per ACOEM chapter 12 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. Per the ACOEM guidelines cited below, For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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. The injured worker was diagnosed as having right carpal tunnel syndrome, right wrist internal derangement, right wrist pain, s/p surgery. Treatment to date includes medication, surgery (right wrist scapholunate reconstruction on 10/28/14, pin removal on 1/2015), and physical therapy. Currently, on 6/23/15 the injured worker complained of frequent mild to 3/10 dull right wrist pain and weakness, associated with repetitive movement with relief from medication and rest. Per the primary physician's report (PR-2) on 6/23/15, physical examination of the right wrist revealed grip strength testing causes pain bilaterally at the wrist, post-surgical pin removal, range of motion is limited and painful, and tenderness to palpation of the dorsal wrist and Phalen's could not be performed. Per the note dated 5/29/15 the patient had complaints of pain, stiffness and weakness in right wrist. Physical examination of the right wrist revealed limited range of motion, tenderness on palpation, decreased strength and normal sensory examination. The pt has had surgery to the wrist and has objective weakness on right wrist exam. An EMG/NCV is deemed medically appropriate and necessary for further evaluating the right wrist weakness after surgery.