

Case Number:	CM15-0142544		
Date Assigned:	08/03/2015	Date of Injury:	12/09/2014
Decision Date:	09/08/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This is a 53-year-old male patient, who sustained an industrial injury on 12-9-14. He sustained the injury to the left hand, wrist and arm after getting the left arm stuck in a glue machine at work. The diagnoses include crush injury to the left hand, forearm and upper arm, compartment syndrome left hand and forearm, status post release of the left transverse carpal ligament, left shoulder tendinitis, left elbow cubital tunnel syndrome, left wrist carpal tunnel syndrome, and left wrist De Quervain's tendinitis. Per the doctor's note dated 7/13/2015, he had complaints of left elbow, forearm and wrist pain, numbness on the scar and fingers. Per the Doctor's First Report of Injury progress note dated 6-8-15, he had complains of constant left forearm, wrist and hand pain. The objective findings revealed resisted abduction causes pain to the left shoulder and positive impingement and crank testing; the left elbow- positive Tinel's sign and decreased range of motion; the left forearm and wrist- decreased thumb abduction, positive Tinel's and Phalen's testing, positive Finkelstein's testing, and tenderness. The current medications included Cyclobenzaprine, Tramadol, and Meloxicam. He has undergone release of left transverse carpal ligament, release of anterior compartment of the left forearm from wrist to the elbow on 12/11/2014. The diagnostic testing that was performed included x-rays of the left elbow, left forearm, left wrist and left hand. Treatment to date has included medications, diagnostics, activity modifications, injections, physical therapy and home exercise program (HEP). The physician requested treatment included electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral upper extremities to rule out radiculopathy. He has had EMG/NCS dated 7/2/15 with normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (multiple) upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 8 Page 177-178 and Chapter 11 Page 261, page 268.

Decision rationale: EMG (multiple) upper extremities. Per the ACOEM guidelines "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." It is assumed that this review is retrospective regarding the medical necessity of the EMG/ NCS study done on 7/2/15. Per the records provided patient has neurological symptoms on the left upper extremity- elbow, forearm and wrist pain, numbness on the scar and fingers. He has significant objective findings on the physical examination -resisted abduction causes pain to the left shoulder and positive impingement and crank testing; the left elbow- positive Tinel's sign and decreased range of motion; the left forearm and wrist- decreased thumb abduction, positive Tinel's and Phalen's testing, positive Finkelstein's testing, and tenderness. In addition, per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Patient has tried physical therapy and pharmacotherapy without improvement. He has history of left wrist surgery. At this juncture, it is medically appropriate to perform electro diagnostic study of the upper extremity to objectively evaluate neurological symptoms. The request of EMG (multiple) upper extremities is medically appropriate and necessary for this patient.

NCS (multiple) upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 8 Page 177-178 and Chapter 11 Page 261, page 268.

Decision rationale: NCS (multiple) upper extremities. Per the ACOEM guidelines "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." It is assumed that this review is retrospective regarding the medical necessity of the EMG/ NCS study done on 7/2/15. Per the records provided patient has neurological symptoms on the left upper extremity- elbow, forearm and wrist pain, numbness on the scar and fingers. He has significant objective findings on the physical examination -resisted abduction causes pain to the left shoulder and positive impingement and crank testing; the left elbow- positive Tinel's sign and decreased range of motion; the left forearm and wrist- decreased thumb abduction, positive Tinel's and Phalen's testing, positive Finkelstein's testing, and tenderness. In addition, per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Patient has tried physical therapy and pharmacotherapy without improvement. He has history of left wrist surgery. At this juncture, it is medically appropriate to perform electro diagnostic study of the upper extremity to objectively evaluate neurological symptoms. The request of NCS (multiple) upper extremities is medically appropriate and necessary for this patient at this time.