MAXIMUS Federal Services

Case Number:	CM15-0144765		
Date Assigned:	08/05/2015	Date of Injury:	05/12/2015
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Internal Medicine

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 38-year-old male with an industrial injury dated 05/12/2015. The injury is documented as occurring when he was drilling into a water main pipe with the wrong type of bit "which was given to him to use." He indicated when it hit the pipe it bound up on the pipe and the drill twisted in hand "rapid and violently" causing him to fracture his hand. His diagnosis is right hand surgery. Prior treatment included x-rays, medications, physical therapy and surgery. Treatment note dated 07/09/2015 notes the injured worker did not receive electro diagnostic studies. He presents on 07/09/2015 with complaints of numbness of the right wrist and tingling of the right elbow and right wrist. He describes right forearm pain as sharp, non-radiating and occurs 50% of the time. Physical exam is documented as: "Tender" status post right hand surgery and status post right hand fracture. The treatment request is for EMG/NCV bilateral upper extremities.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): Elbow p 19 and 34; Forearm and hand p261; Lumbar p 303 and 304. Decision based on Non-MTUS Citation Up to date Topic 5145 and Version 8.0.

Decision rationale: Electromyography or EMG is the study of electrical activity of muscle fibers individually and collectively. It is recorded by surface or needle electrodes, which measure electrical potential difference between 2 sites. It is noninvasive and well tolerated and complications are rarebit is best utilized as an extension of the clinical evaluation. While typical neuropathic and myelopathic patterns of EMG abnormalities are recognized, no single abnormality is pathognomic of a single disease entity, although exceptions do occur. The MTUS states that EMG may be helpful in identifying subtle, focal neurological dysfunction in patients with lumbar pain more than 3 to 4 weeks. It also states that it is useful in diagnosing disc protrusion and 1+ in the diagnosis of cauda equina, spinal stenosis, or post laminectomy syndrome. The MTUS also states that NCS or EMG may be appropriate in helping to differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Also, EMG should be considered if cervical radiculopathy is suspected as a cause of lateral arm pain on the basis of physical exam and symptoms have been present for at least 6 weeks, denervation atrophy is likely, and conservative treatment has not been effective. The above patient is presenting with numbness of the right hand, tingling of the right elbow and wrist, and right forearm pain. These symptoms could be secondary to a carpal tunnel syndrome, or possibly cervical radiculopathy, or even possibly ulna nerve pathology. EMG would be a noninvasive procedure, which could provide valuable information for the treating physician in this case. The request is medically necessary; the UR decision is reversed.