

Case Number:	CM15-0190282		
Date Assigned:	10/02/2015	Date of Injury:	02/18/2015
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44 year old male, who sustained an industrial injury on 2-18-2015. Medical records indicate the worker is undergoing treatment for ulnar collateral ligament sprain, right ulnar nerve neuritis and right wrist contusion. A recent progress report dated 8-20-2015, reported the injured worker's complaints and exam were documented as unchanged. A visit on 6-12-2015, the injured worker reported right wrist pain rated 6 out of 10, popping, numbness and tingling that radiates to the little finger and up towards the medial elbow. Physical exam showed ulnar and volar edema and tenderness over the right ulnar styloid and right ulnar collateral ligament. On 7-14-2015, the injured worker had a right upper extremity electromyography (EMG) -nerve conduction study (NCS) that showed mild median neuropathy, mild ulnar neuropathy, no radial neuropathy and no brachial plexopathy. Treatment to date has included steroid injection, occupational therapy and medication management. On 8-21-2015, the Request for Authorization requested repeat electromyography (EMG) -nerve conduction study (NCS) of the right upper extremity. On 8-28-2015, the Utilization Review noncertified the request for a repeat electromyography (EMG) -nerve conduction study (NCS) 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:

Repeat EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Medical records document a right upper extremity electromyography (EMG) -nerve conduction study (NCS) on 7-14-2015 that showed mild median neuropathy, mild ulnar neuropathy, no radial neuropathy and no brachial plexopathy. The treating physician does not provide a rationale that meets ACOEM and ODG criteria for a repeat EMG of the right upper extremities. As such the request for Repeat EMG/ NCV of the right upper extremity is not medically necessary.