

Case Number:	CM15-0191584		
Date Assigned:	10/05/2015	Date of Injury:	03/04/2011
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Preventive Medicine, Occupational 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 55 year old female with a date of injury on 03-04-2011. The injured worker is undergoing treatment for cubital tunnel right with a negative Electromyography, epicondylitis on the right, carpal tunnel syndrome with negative nerve studies, chronic pain syndrome, and tenosynovitis. A physician note dated 06-25-2015 documents the injured worker has quite a bit of pain in her right elbow and wrist, with numbness and tingling. She has not had any recent imaging done. She did have a previous MRI that showed a TFCC ligament tear. In the past, nerve studies have been negative. She has tenderness along the cubital tunnel with positive Tinel at the elbow and wrist on the right. A physician note dated 08-07-2015 documents the injured worker has continued pain in the right wrist with weakness, numbness and tingling. She has had surgery but still has pain. Electromyography has been recommended. There is tenderness along the CMC and STT joint as well as the dorsum of the wrist on the right with weakness against resistance. A physician progress note dated 09-15-2015 documents the injured worker complains of continued pain across the top of the wrist with numbness, tingling and weakness throughout her upper extremities. There is tenderness along the dorsum of her wrist, and weakness with flexion and extension. She has a positive Tinel at the elbow and wrist on the right. She is currently not working. Treatment to date has included diagnostic studies, medications, use of a brace, use of hot and cold, use of an H-wave unit and it is helpful in reducing her pain and in increasing her quality of life including ADLs. The Request for Authorization includes for EMG left upper extremity, EMG right upper extremity, H-wave supplies on a regular basis, NCV left upper extremity, NCV right upper extremity, Soft brace for

the right wrist, Norco 10-325mg #30, Effexor 75mg #60, Topamax 50mg # 60, Protonix 20mg # 60, Tramadol ER 150mg #30, and Naproxen 550mg #60. On 09-21-2015 Utilization Review non-certified the request for EMG left upper extremity, EMG right upper extremity, H-wave supplies on a regular basis, NCV left upper extremity, and NCV right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. EMG left upper extremity is not medically necessary.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. NCV left upper extremity is not medically necessary.

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. EMG right upper extremity is not medically necessary.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The medical record fails to document radicular-type arm symptoms. NCV right upper extremity is not medically necessary.

H-wave supplies on a regular basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. H-wave supplies on a regular basis are not medically necessary.