

Case Number:	CM15-0201317		
Date Assigned:	10/16/2015	Date of Injury:	07/21/2015
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 47 year old male, who sustained an industrial injury on 7-21-2015. The injured worker is undergoing treatment for: blunt trauma to the left knee, left hand, and fractured left rib. On 7-29-15, and 8-17-15, he reported pain to the left hand, left chest, and left leg. He indicated the pain to the left knee was getting better, and the left wrist was more movable. Physical examination revealed the left knee to have no effusion and no instability, negative drawer test and jerk test, no loss of range of motion is noted to the knee, his left wrist is wrapped noted to be done by the injured worker, decreased range of motion to the left wrist, tenderness in the distal radius, pain is elicited with pressure of the chest wall, and it is noted with deep breathing he gets pain. On 9-16-15, his rib and abdomen are noted to be improving. He has continued left hand pain with tingling over the ulnar two fingers. Examination revealed a positive Tinel's test at the cubital tunnel on the left, and full range of motion of the left hand, with notation of the left hand being weaker than the right. The treatment and diagnostic testing to date has included: x-rays of the bilateral wrists, left knee and ribs (dates unclear). The x-rays of the ribs on the left are reported to reveal non-displaced fracture of the 6th rib on the left. Medications have included: Motrin. Current work status: unclear. The request for authorization is for: electromyogram (EMG)-nerve conduction study (NCS) of the left upper extremity, left hand. The UR dated 9-30-2015: non-certified the request for EMG-NCS of the left upper extremity, left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Studies (NCS) of the left upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Neck and Upper Back section - criteria for Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): 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. The treating physician notes a positive Tinel's sign involving the cubital tunnel (L) and sensation changes in the ulnar distribution (L). However, he notes no prescribed treatment for these symptoms and notes as his indication for the electrodiagnostic study; "rule out cubital tunnel." There is no indication of a conservative treatment trial and given the symptom description the diagnosis appears to be clinically obvious. As such the request for EMG/NCS of the left upper extremity is deemed not medically necessary.