

Case Number:	CM15-0021762		
Date Assigned:	02/11/2015	Date of Injury:	12/07/2013
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 41 year old female, who sustained an industrial injury, December 7, 2013. The injury was sustained while lifting a heavy door without assistance. According to progress note of December 17, 2014, the injured workers chief complaint was numbness in the right hand with weakness in grip, causing the injured worker too frequently to drop things. The pain was radiating up the right arm into the underarm area and right side of the neck. The physical exam noted tenderness in the right wrist, trapezius muscle on the right side that extended tith the right paracervical region, with mild tenderness over the right supraclavicular fossa. The injured worker was diagnosed with right wrist strain with post injury carpal tunnel syndrome, cervical strain, cervical axonal motor radiculopathy, brachial plexopathy, left medical neuropathy or bilateral upper extremity localized ulnar or radial sensory or motor neuropathy. The injured worker previously received the following treatments authorization for EMG/NCS (electromyography and nerve conduction studies) of the left wrist, MRI of the cervical spine, Ibuprofen. On December 17, 2014, the primary treating physician requested authorization for EMG/NCS (electromyography and nerve conduction studies) of the right wrist. On January 13, 2015, the Utilization Review denied authorization for EMG/NCS (electromyography and nerve conduction studies) right wrist. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 22, 67-68, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Carpal Tunnel Syndrome, Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic neck pain without recent evidence of radicular pain, signs of carpal tunnel or nerve dysfunction and no recent clear justification for the need of an EMG. Therefore, the request for EMG of the right wrist is not medically necessary.