

Case Number:	CM15-0225996		
Date Assigned:	11/24/2015	Date of Injury:	12/15/2014
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/17/2015

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, Indiana, New York
 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 31 year old female with an industrial injury dated 12-15-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right lateral de quervain tenosynovitis, carpal tunnel syndrome, lateral epicondylitis of elbow and sprain and strain unspecified site shoulder and upper arm. According to the orthopedic consultation dated 09-17-2015, the injured worker reported right wrist pain, right hand pain and right elbow and shoulder pain. Pain level was 5-7 out of 10 on a visual analog scale (VAS). Objective findings (09-17-2015) revealed right "DVTS", thumb spica, decompression sensation of right and middle fingers and positive Finkelstein test on the right. According to the primary treating physician progress report dated 11-03-2015, the injured worker reported increase right wrist pain with repetitive acts and numbness in the 4th and 5th digits. Objective findings (11-03-2015) revealed decreased range of motion in right wrist, tenderness to palpitation and positive Tinel's. Treatment has included x-ray of the right wrist, Magnetic Resonance Imaging (MRI) report of right wrist on 07-14-2015, prescribed medications, physical therapy, right wrist brace and periodic follow up visits. The injured worker is on temporary total disability. The utilization review dated 11-09-2015, non-certified the request for EMG (Electromyography) 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:

EMG (Electromyography) 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 Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG right upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnosis is right lateral DeQuervain's tenosynovitis. Date of injury is December 15, 2014. Request for authorization is November 3, 2015 (receipt date). According to a September 17, 2015 initial orthopedic consultation, subjective complaints are right wrist, hand elbow and shoulder pain. The injured worker received physical therapy. Objectively, there is no clicking or locking and Finkelstein's positive. The treating provider requested EMG and NCV studies. Utilization reviewer authorized nerve conduction velocity studies according to the guideline recommendations. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. There is no clinical indication or rationale for EMG studies at this time pending NCV results. There was no specific clinical rationale for the EMG segment of the request in the medical record. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, EMG right upper extremity is not medically necessary.