

Case Number:	CM15-0041767		
Date Assigned:	03/12/2015	Date of Injury:	03/26/2013
Decision Date:	07/02/2015	UR Denial Date:	02/15/2015
Priority:	Standard	Application Received:	03/05/2015

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, Alabama, 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 is a 59 year old female, who sustained an industrial injury on March 26, 2013. She reported bilateral upper extremity pain with left elbow pain and right thumb and index finger pain. The injured worker was diagnosed as having status post revision of the left ulnar nerve transposition, recurrent left carpal tunnel syndrome, right cubital tunnel syndrome, bilateral thumb CMC synovitis and compensatory left lateral epicondylitis. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left upper extremity, left lateral elbow injection, conservative care, medications and work restrictions. Currently, the injured worker complains of continued bilateral upper extremity and right hand pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 6, 2014, revealed continued pain as noted. She was treated with a left lateral elbow injection. Evaluation on March 5, 2015, revealed continued tenderness of the right hand and continued compensatory left elbow and right shoulder pain with noted impingement. She reported substantial worsening of pain and compensatory pain since the last visit. Electrodiagnostic studies of the bilateral upper extremities were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for Bilateral Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

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). There is no documentation of significant change in the patient's condition since her previous EMG/NCV study dated April 2014. Therefore, the request for EMG/NCS BUE is not medically necessary.