MAXIMUS Federal Services

Case Number:	CM15-0043666		
Date Assigned:	03/16/2015	Date of Injury:	08/15/2012
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 23 year old male, who sustained an industrial injury on August 15, 2012. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having status post right hand surgery. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of right hand pain. The Primary Treating Physician's report dated January 23, 2015, noted the injured worker with +2 tenderness of the right hand with painful range of motion (ROM) of the right wrist, taking pain medication as needed.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

Decision based on Non-MTUS Citation Official disability guidelines Neck & upper back chapter, EMG studies & NCV.

Decision rationale: Based on the 01/23/15 progress report, the patient complains of right hand pain. The request is for EMG LEFT UPPER EXTREMITY. There is no RFA provided and the date of injury is 08/15/12. The patient was diagnosed as having status post right hand surgery (08/15/12, 09/16/12) and other problems unrelated to the evaluation. Physical examination revealed +2 tenderness of the right hand with painful range of motion (ROM) of the right wrist. Treatment to date has included physical therapy and medication. There were no further physical exam findings provided as the provided documents are brief. The patient is temporarily totally disabled. ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) state, 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist. ODG (Online, Cervical chapter: Electromyography (EMG)). ODG states, Recommended as an option in selected cases. The physician has requested for an EMG on behalf of hand specialist [redacted] whose report was not provided for review. According to the 01/23/15 treater report, there is no new numbness and tingling or other neurological exam findings. There are no physical exam findings to support the indications for an EMG study and therefore, the request IS NOT medically necessary.

EMG right upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262. Decision based on Non-MTUS Citation Official disability guidelines Neck & upper back chapter, EMG studies & NCV.

Decision rationale: Based on the 01/23/15 progress report, the patient complains of right hand pain. The request is for EMG RIGHT UPPER EXTREMITY. There is no RFA provided and the date of injury is 08/15/12. The patient was diagnosed as having status post right hand surgery (08/15/12, 09/16/12) and other problems unrelated to the evaluation. Physical examination revealed +2 tenderness of the right hand with painful range of motion (ROM) of the right wrist. Treatment to date has included physical therapy and medication. There were no further physical exam findings provided as the provided documents are brief. The patient is temporarily totally disabled. ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) state, 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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist. ODG (Online, Cervical chapter: Electromyography (EMG)). ODG states, Recommended as an option in selected cases. The

physician has requested for an EMG on behalf of hand specialist [redacted], whose report was not provided for review. According to the 01/23/15 treater report, there is no new numbness and tingling or other neurological exam findings. However, the patient is s/p carpal tunnel release with persistent symptoms. An updated EMG would be reasonable. The request IS medically necessary.