

Case Number:	CM15-0047441		
Date Assigned:	03/19/2015	Date of Injury:	03/27/2014
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/12/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old man sustained an industrial injury on 3/27/2014. The mechanism of injury is not detailed. Evaluations include right wrist MRI dated 4/23/2014 and right upper extremity CT scan dated 4/1/2014. Diagnoses include wrist sprain/strain, stress fracture of other bone, wrist specific bursitides often of occupational origin, wrist arthralgia, and wrist synovitis. Treatment has included oral medications, bone stimulator, bracing, and physical therapy. Physician notes dated 2/2/2015 show complaints of unchanged right wrist pain rated 5-6/10. There is tenderness, limited ROM, and positive Phalen's sign. Recommendations include electromyogram/nerve conduction velocity of the right upper extremity, a trial of cortisone injection with ultrasound guidance, and follow up after the study is completed. The cortisone injection was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram)/ NCV (nerve conduction velocity) of Right Upper Extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back section, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 182, 261.

Decision rationale: Regarding the request for EMG/NCV, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient has mostly non-specific symptoms/findings, with the only positive neurological finding being a positive Phalen's sign. Given the limited evidence suggestive of neurological abnormality, there is no clear indication for electro-diagnostic testing. Furthermore, the patient has a pending cortisone injection, the results of which may obviate the need for additional diagnostic testing. In light of the above issues, the currently requested EMG/NCV is not medically necessary.