

Case Number:	CM15-0051368		
Date Assigned:	03/24/2015	Date of Injury:	01/06/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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 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 22 year old female, who sustained an industrial injury on 1/6/2014. She reported pain to her right wrist and hand. Diagnoses have included enthesopathy of hand, right wrist pain, right hand joint pain and unspecified arthropathy of hand. Treatment to date has included activity restriction, acupuncture and medication. According to the Primary Treating Physician's Progress Report dated 1/28/2015, the injured worker complained of constant moderate to 7/10 sharp right wrist and right hand pain. She also complained of frequent, moderate to 4/10 sharp right thumb pain radiating to the right pinky with numbness, tingling and weakness. Physical exam revealed painful range of motion of the right wrist and right hand. The treatment plan was for urine toxicology and topical creams. Authorization was requested for electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities due to ongoing constant weakness and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines EMG/NCV.

Decision rationale: The request for diagnostic test EMG/NCV; left upper extremity is not medically necessary. ODG states that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Per the documentation there are no subjective complaints or neurological deficits involving the left upper extremity. Given the above, the request for the diagnostic EMG/NCV of the left upper extremity is not established. The requested item is not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines EMG/NCV.

Decision rationale: The request for diagnostic test EMG/NCV; left upper extremity is not medically necessary. ODG states that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Per the documentation there are no subjective complaints or neurological deficits involving the left upper extremity. Given the above, the request for the diagnostic EMG/NCV of the left upper extremity is not established. The requested item is not medically necessary.