

Case Number:	CM15-0051503		
Date Assigned:	03/24/2015	Date of Injury:	04/17/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 4/17/2013. He reported acute left wrist pain while lifting. He is status post left ganglion cyst removal. Diagnoses include chronic left wrist and thumb pain, likely osteoarthritis of the MC joint. Treatments to date include rest and anti-inflammatory medication. Currently, they complained of pain around left wrist and base of thumb increased with lifting causing loss of grip. Pain was rated 4-5/10 VAS that increased at night. On 2/23/15, the physical examination documented decreased grip strength compared to right side. The plan of care included anti-inflammatory, occupational therapy and electromyography and nerve conduction study (EMG/NCS) of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IW complaints and physical exam fail to substantiate the need for EMG/NCV as outlined above. Therefore, at this time the requirements for treatment have not been met, and is not medically necessary.