

Case Number:	CM15-0055140		
Date Assigned:	03/30/2015	Date of Injury:	05/05/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, 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 47 year old female, who sustained an industrial injury on May 5, 2014. She has reported left hand pain with numbness and tingling. Diagnoses have included contusion of the left upper extremity. Treatment to date has included medications, acupuncture, and therapy. A progress note dated January 21, 2015 indicates a chief complaint of left hand pain with numbness and tingling, and decreased grip strength. The treating physician requested an electromyogram/nerve conduction velocity study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS 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 (ODG) Neck Section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnosis is contusion left upper extremity centered around the elbow. Documentation from September 22, 2014 progress note shows the treating provider ordered an EMG/NCV to the upper extremity. The purpose of the EMG was to evaluate radicular complaints on the right side. The most recent progress note in the medical record is dated January 21, 2015. Subjectively, there was left-hand pain 7/10. The injured worker received acupuncture with significant pain relief. Objectively, the left upper extremity was unremarkable. There was no discussion of the right upper extremity in the record. There was no neurological evaluation in the medical record. There was no contemporaneous progress note dated on or about the request for authorization date (February 26, 2015). There were no unequivocal findings that identify a specific nerve compromise on the neurologic evaluation. Moreover, there was no neurologic examination in the medical record. Consequently, absent clinical documentation with a neurologic evaluation, specific nerve compromise on a neurologic evaluation with a clinical indication/rationale for the EMG/NCV of the upper extremities, EMG/NCV of the bilateral upper extremities is not medically necessary.