

Case Number:	CM15-0055545		
Date Assigned:	03/30/2015	Date of Injury:	10/16/2014
Decision Date:	05/07/2015	UR Denial Date:	03/14/2015
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

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 54-year-old male, with a reported date of injury of 10/16/2014. The diagnoses include contusion of right hand, contusion of right forearm, right shoulder joint pain, right radial styloid fracture, rule out internal derangement of the right wrist, right shoulder impingement syndrome, and rule out internal derangement. Treatments to date have included an x-ray of the right wrist and oral medications. The Doctor's First Report dated 02/24/2015 indicates that the injured worker complained of constant burning of the right shoulder and right wrist pain with numbness and tingling. The objective findings were not provided. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram/Nerve Conduction Velocity (EMG/NCV) of the Right Upper Extremity:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back (acute and chronic) chapter, EMG studies.

Decision rationale: The patient was injured on 10/16/14 and presents with right shoulder and right wrist pain with numbness and tingling. The request is for ELECTROMYOGRAM/ NERVE CONDUCTION VELOCITY (EMG/NCV) OF THE RIGHT UPPER EXTREMITY. The utilization review denial rationale is that there was no indication of the patient having any nerve compromise, except for positive Tinel's. There were no other significant factors submitted to warrant the request. The RFA is dated 03/06/15 and the patient is temporarily totally disabled. Review of the reports provided does not indicate if the patient had a prior EMG/NCV of the right upper extremity. ACOEM Guidelines page 262 states: appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. This may include nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later and the course of treatment if symptoms persist. ODG Guidelines on the neck and upper back (acute and chronic) chapter under the section called EMG states that EMG is recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. There is no prior EMG/NCV testing done on the patient's upper extremities. The patient has been complaining about right arm pain as early as the 10/16/14. He has right wrist pain present with any motion. There is radiation of pain along the forearm into the right elbow and numbness into the 4 fingers. Regarding the right shoulder, motions were performed slowly with pain and there is tenderness on the long head of the biceps within the bicipital groove. For the right elbow, there is tenderness at the origin of the extensor-supinator muscle mass and there is pain at the extremes of motion. The right wrist has pain on the right, tenderness localized to the tip of the radial styloid, and a questionably positive Tinel's. The patient is diagnosed with contusion of right hand, contusion of right forearm, right shoulder joint pain, right radial styloid fracture, rule out internal derangement of the right wrist, right shoulder impingement syndrome, and rule out internal derangement. The reason for the request is not provided. Given the patient's right shoulder and right wrist pain with numbness and tingling, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV of the right upper extremity is medically necessary.