

Case Number:	CM15-0056210		
Date Assigned:	04/01/2015	Date of Injury:	06/09/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

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:

The injured worker is a 34-year-old female, who sustained an industrial injury on 6/9/2014. The current diagnoses are acute flagrant reflex dystrophy of the left upper extremity with non-functional left palm and hand, crushing trauma of the left hand, left palm laceration, contracture left hand, left elbow sprain/strain, left shoulder sprain/strain, cervical sprain/strain, thoracolumbar sprain/strain, overload pain in the right arm, anxiety, depression, and insomnia. According to the progress report dated 12/12/2014, the injured worker complains of severe pain in the left arm, shoulder, back, and headaches. Additionally, she reports increased spasms to her left hand and fingers, blurry vision, and loss of hearing. The current medications are Anaprox, Norco, Fexmid, Gabapentin, Ambien, and Xanax. Treatment to date has included medication management, X-rays, and chiropractic. The plan of care includes EMG/NCV (electromyography/nerve conduction velocity) to the left upper extremity). The progress note dated December 12, 2014 indicates that the patient has positive Phalen's test and Tinel's test. The treatment plan recommends stellate ganglion blocks, bone scan, MRI of the cervical, thoracic, and lumbar spine, neurology consult, and pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV (electromyography/nerve conduction velocity) to the left upper extremity):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCS of bilateral upper extremities, 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, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. Additionally, interventional procedures are already being requested. Therefore, it is unclear how electrodiagnostic studies would change the current treatment plan. Furthermore, neurology consult, MRI, and pain management consults are being requested. It seems reasonable to await the outcome of those consultations prior to embarking on further diagnostic workup. As such, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.