

Case Number:	CM15-0089470		
Date Assigned:	05/15/2015	Date of Injury:	04/14/1998
Decision Date:	06/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Preventive Medicine, Occupational 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 48 year old female who reported an industrial injury on 4/14/1998. Her diagnoses, and/or impressions, are noted to include: chronic regional pain syndrome of the left upper extremity/hand; global muscular atrophy secondary to disuse; and chronic back pain, status-post back surgery. No current imaging studies are noted. Her treatments have included multiple surgeries; diagnostic studies; physical therapy; medication management; intermittent usage of a cane and wheel chair; and rest from work. The progress notes of 3/4/2015 reported complaints that included neck and bilateral upper and lower extremity complaints. She reported increased pain in her right arm with numbness to both hands, right > left, with the feelings of heaviness, bruising and cramping, increased by weather and improved with self-massage and heat therapy. Also reported that since her last visit she sustained an injury to the right arm, that was caught in a metal door because of numbness/inability to move it, which was evaluated and treated in the Emergency Room; she had x-rays and was provided a sling and a brace. The objective findings included severe cramping in the bilateral hands with numbness in the tips of the right hand; allodynia; limited participation in the exam due to pain; and reports of great difficulty with activities of daily living. The physician's requests for treatments were noted to include electromyogram and nerve conduction velocity studies 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:

NCV of right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS 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-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electro diagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. The available documentation does not provide significant evidence of neurologic deficit or cervical radiculopathy. The request for NCV of right upper extremity is determined to not be medically necessary.

EMG of the right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The available documentation does not provide significant evidence of neurologic deficit or cervical radiculopathy. The request for EMG of the right upper extremity is determined to not be medically necessary.