

Case Number:	CM14-0162769		
Date Assigned:	10/07/2014	Date of Injury:	04/11/2014
Decision Date:	12/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 24-year-old male who has submitted a claim for crushing injury of the finger associated with an industrial injury date of April 11, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of constant pain in the left little finger rated 10/10 and numbness and tingling in the left little and ring fingers and left elbow area. Examination of the left elbow revealed normal appearance, decreased supination and pronation, tenderness at the olecranon process, lateral epicondyle and medial epicondyle, and a positive Tinel's ulnar and Tinel's radial nerve tests. Examination of the left wrist and hand revealed 3-4 cm irregular hyperpigmented scar on the left small finger, and decreased ROM of the D4 and D5. A previous x-ray showed fracture of the left little finger. and a tendon rupture on the left little finger. Electrodiagnostic studies conducted on 6/19/2014, to rule out ulnar nerve injury, demonstrated normal results. Treatment to date has included surgery, medication and physical therapy. The utilization review from September 18, 2014 denied the request for electromyography/nerve conduction velocity test (EMG/NCV) of bilateral upper extremities because repeat EMG/NCV studies are indicated only in patients with prior normal study EMG/NCV studies who are worsening, and at least an additional 3-6 months has passed since the previous study. This patient had no significant clinical deterioration since prior electrodiagnostic studies which was less than three months ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity Test (EMG/NCV) of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Acute & Chronic Initial Conservative Treatment of Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography; Carpal tunnel, Electromyography Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to pages 261-262 of the CA MTUS ACOEM Practice Guidelines, appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. According to the ODG, an EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. The guidelines do not recommend EMG before conservative treatment. Repeat EMG/NCV studies are indicated only in patients with prior normal study EMG/NCV studies who are worsening, and at least an additional 3-6 months has passed since the previous study. In this case, an EMG and a nerve conduction study are being requested because of the patient's continued numbness in his fingers. However, recent electrodiagnostic studies conducted on 6/19/2014 demonstrated normal results. This patient had no significant clinical deterioration since prior electrodiagnostic studies which was less than three months ago. It is also not clear why studies of bilateral extremities are being requested. Therefore, the request for electromyography/nerve conduction velocity test (EMG/NCV) of bilateral upper extremities is not medically necessary.