

Case Number:	CM15-0173351		
Date Assigned:	09/15/2015	Date of Injury:	11/27/2004
Decision Date:	10/14/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on November 27, 2004. The injured worker was diagnosed as having severe complex regional pain syndrome of the right upper extremity with associated movement disorder with tremor. Medical records (March 30, 2015 to July 20, 2015) indicate persistent severe pain and tremor of the right upper extremity. The physical exam (March 30, 2015 to July 20, 2015) reveals a tremor and discoloration of the right upper extremity. Surgeries to date have included a right de Quervains; release and right small finger and thumb trigger finger release in 2010. Treatment has included desensitization and medications including anti-epilepsy, muscle relaxant, and sleep. The requested treatments included electromyography and nerve conduction velocity (EMG/NCV) of the right upper extremity. On August 18, 2015, the original utilization review non-certified a request for electromyography and 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:

EMG/NCV of Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation pre-operatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is 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-neuropathic processes if other diagnoses may be likely based on the clinical exam. EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant has chronic pain in the elbow and wrists with tremors. There were prior surgeries for tenosynovitis and trigger finger. The claimant had persistent symptoms despite numerous interventions. The request for EM/NCV is medically necessary and appropriate.