

Case Number:	CM15-0026297		
Date Assigned:	02/18/2015	Date of Injury:	03/18/2012
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 27 year old female, who sustained an industrial injury on March 18, 2012. She has reported injury to her left breast, right hand and fingers. The diagnoses have included right de Quervain's tenosynovitis, right carpal tunnel syndrome and status post right carpal tunnel release dated 12/05/2012. Treatment to date has included surgery and medications. On January 26, 2015, the injured worker complained of hand and finger pain rated as a 6 on a 1-10 pain scale. The pain was described as constant and achy and increased use makes it sharp. Physical examination of the right hand and fingers revealed full range of motion to the wrist and full opposability. She had pain with opposability between the fourth and fifth digits. Sensation was intact to light touch. Physical exam finding of the left upper extremity were not included in the most current exam notes. On January 20, 2015, Utilization Review non-certified an EMG/NCV of the left upper extremity and EMG/NCV of the right upper extremity, noting the CA MTUS Guidelines. On February 11, 2015, the injured worker submitted an application for Independent Medical Review for review of EMG/NCV of the left upper extremity and 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 Left and Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand (Acute and Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), “Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks”. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), 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 (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no documentation of peripheral nerve damage, cervical radiculopathy and entrapment neuropathy that requires electro diagnostic testing. There is no documentation of significant change in the patient condition. Therefore, the request for EMG/NCV Left and Right Upper Extremity is not medically necessary.