

Case Number:	CM15-0038303		
Date Assigned:	03/06/2015	Date of Injury:	06/18/2012
Decision Date:	06/05/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 female injured worker suffered an industrial injury on 6/18/2012. The diagnoses were wrist joint inflammation with a ligament tear, chronic regional pain syndrome, and depression. The diagnostic studies were electromyography, right wrist magnetic resonance imaging, and bone scan. The treatments were right wrist arthroscopy, physical therapy, TENS unit, medications and psychiatric therapy. She is unable to use the right hand at all and uses the left hand exclusively. On exam there is tenderness and swelling with reduced motion of the right wrist and hand. The treating provider reported persistent pain, numbness, tingling and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of left 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 chapter, Electrudiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter - Electrodiagnostic studies (EDS).

Decision rationale: Bilateral EMG is generally not necessary, but NCS may be necessary for comparison, depending on the results found on the affected side. If the NCS results are clearly abnormal, comparison is not necessary. If they are clearly normal, comparison is not necessary. However, if the results are borderline, the use of the unaffected side to get the closest measure of normal is appropriate. As the EMG/NCV of the right upper extremity is not approved an EMG/NCV of the left for comparison is not warranted. Therefore, the requested treatment is not medically necessary.

Nerve conduction velocity test of 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 chapter, Electrdiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter - Electrodiagnostic studies (EDS).

Decision rationale: Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. (Bienek, 2006) Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). The IW had a prior EMG/NCV in 2012 which was negative and there is no documentation of neurologic signs on examination. This request is not medically necessary and appropriate.

Nerve conduction velocity test of left 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 chapter, Electrudiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter - Electrodiagnostic studies (EDS).

Decision rationale: Bilateral EMG is generally not necessary, but NCS may be necessary for comparison, depending on the results found on the affected side. If the NCS results are clearly abnormal, comparison is not necessary. If they are clearly normal, comparison is not necessary. However, if the results are borderline, the use of the unaffected side to get the closest measure of normal is appropriate. As the EMG/NCV of the right upper extremity is not approved an EMG/NCV of the left for comparison is not warranted. Therefore, the requested treatment is not medically necessary.

Electromyography of 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 chapter, Electrudiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter - Electrodiagnostic studies (EDS).

Decision rationale: Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. (Bienek, 2006) Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). The IW had a prior EMG in 2012 which was negative and there is no documentation of neurologic signs on examination. This request is not medically necessary and appropriate.

Topiramate (Topamax) 50mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate; Anti-epilepsy drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: Per MTUS guidelines, antiepilepsy drugs are recommended for neuropathic pain. With regards to CRPS, gabapentin has been recommended. It is documented that the IW had taken gabapentin but there is no documentation of response or side effects. Specifically, topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. As noted there was no documentation of response to prior antiepilepsy drug therapy nor any response to the Topamax. This request is not medically necessary and appropriate.