

Case Number:	CM15-0094103		
Date Assigned:	05/20/2015	Date of Injury:	12/27/2010
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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, Alabama, 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 32 year old female, who sustained an industrial injury on 12/27/10. She reported pain in her neck, back and right upper extremity related to cumulative trauma. The injured worker was diagnosed as having cervical strain, lumbar strain, right carpal tunnel syndrome, right elbow pain status post ulnar transposition and status post right thoracic outlet release. Treatment to date has included Norco, Robaxin, an EMG/NCV study in 4/2010 and 6/2013, physical therapy after every surgery and a cervical MRI. On 1/23/15, the injured worker was seen by an orthopedic hand specialist who recommended a repeat EMG/NCV study and right upper extremity examination under anesthesia. As of the PR2 dated 3/27/15, the injured worker reports 6-7/10 pain in her neck, right upper extremity and back. Objective findings include right shoulder abduction is 100 degrees and passive abduction is 100 degrees, grip strength is weaker in the right hand and tenderness to palpation in the medial epicondyle. The treating physician requested an EMG/NCV study of the bilateral upper extremities and a right upper extremity examination under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist , hand chapter. The American association of neuromuscular and eletrodiagnostic medicine.

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). In this case, an EMG/NCV study of BUE was performed on April 10, 2014 and it was noted that this study was unchanged compared to a study performed in 2011. There is no documentation to indicate a significant change in the patient's condition. Therefore, the request for EMG/NCV BUE is not medically necessary.

Right upper extremity examination under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist , hand chapter The American association of neuromuscular and eletrodiagnostic medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Anesthesia (for percutaneous trigger finger release) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Anesthesia (for percutaneous trigger finger release) "Recommended. Percutaneous trigger finger release can be performed as an office procedure with the use of transdermal anesthesia using eutectic mixture of lidocaine and prilocaine (EMLA) avoiding the use of injectable local infiltration anesthesia. (Yiannakopoulos, 2006)." There is no justification to perform a physical examination or electrodiagnostic study under anesthesia in this case. The physical examination or EMG testing under anesthesia may not reflect the patient condition; therefore the request is not medically necessary.