

Case Number:	CM13-0015349		
Date Assigned:	12/11/2013	Date of Injury:	12/12/2012
Decision Date:	05/21/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 52-year-old male who reported an injury on 12/12/2012. The mechanism of injury involved a fall. Current diagnoses include distal bicipital tendon rupture in the left elbow and status post surgical repair on 04/06/2013. The injured worker was evaluated on 05/21/2013. The injured worker reported 8/10 pain in the left upper extremity with numbness and tingling over the incision from the proximal forearm to the thumb. Physical examination revealed decreased sensation over the left C6 dermatome and left C7 and C8 dermatomes, 2+ deep tendon reflexes in bilateral upper extremities, decreased grip strength on the left, bicipital pain on extension and internal/external rotation, positive Speed's testing, positive Yergason's testing, tenderness to palpation over the lateral shoulder and supraspinatus insertion, and limited range of motion of the left elbow. The injured worker also demonstrated painful resisted supination and positive Tinel's testing over the distal incision with numbness and tingling radiating to the left thumb. The treatment recommendations at that time included EMG/NCV studies of bilateral upper extremities to evaluate the cervical spine nerve roots and peripheral nerves for pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS LEFT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Nerve Conduction Studies

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the injured worker demonstrated grip weakness and numbness with tingling extending from the proximal forearm to the thumb, as well as decreased sensation over the C6-8 dermatomes on the left. Official Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy, if radiculopathy has already been clearly identified by an EMG study and obvious clinical signs. The injured worker has not undergone an electromyography of the left upper extremity. Therefore, the injured worker does not currently meet criteria for a nerve conduction study. As such, the request is not medically necessary.

NCS RIGHT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Nerve Conduction Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The injured worker does demonstrate grip weakness with numbness and tingling over the incision extending from the proximal forearm to the thumb as well as decreased sensation over the left C6-8 dermatomes. There is no mention of a significant neurological or musculoskeletal deficit with regard to the right upper extremity. Therefore, the medical necessity has not been established.

EMG RIGHT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. The injured worker does demonstrate grip weakness with numbness and tingling over the incision extending from the proximal forearm to the thumb as well as decreased sensation over the left C6-8 dermatomes. There is no mention of a significant neurological or musculoskeletal deficit with regard to the right upper extremity. Therefore, the medical necessity has not been established.