

Case Number:	CM13-0018064		
Date Assigned:	01/22/2014	Date of Injury:	07/12/2012
Decision Date:	06/20/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 43 year old female with an injury date of 07/12/12. Based on the 08/15/13 progress report provided by [REDACTED], the patient complains of pain and numbness of the right elbow. "The patient has a positive Tinel along the right cubital tunnel, and with the cubital tunnel hyperflexion test the index finger, ring finger, and middle finger go numb." The patient's diagnoses include s/p right shoulder sad/pa, right elbow medial/lateral epicondylitis and right carpal tunnel syndrome. [REDACTED] is requesting for an outpatient EMG of the right upper extremity and outpatient NCV of the right upper extremity. The utilization review determination being challenged is dated 08/22/13. The rationale is that there is no documented radicular pain, and there are no documented positive neurologic exam findings consistent with nerve compromise, such as deficits in dermatomal sensation, reflexes, or muscle strength. [REDACTED] is the requesting provider, and he provided treatment reports from 06/21/13- 10/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT EMG OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 08/15/13 progress report, the patient presents with pain and numbness of the right elbow. The request is for an outpatient EMG of right upper extremity. No prior EMG was conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An EMG may help the provider pinpoint the cause and location of the patient's symptoms. Therefore the request is medically necessary.

OUTPATIENT NCV OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 08/15/13 progress report, the patient presents with pain and numbness of the right elbow. The request is for an outpatient NCV of right upper extremity. No prior NCV was conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." An NCV may help the provider pinpoint the cause and location of the patient's symptoms. Therefore the request is medically necessary.