

Case Number:	CM13-0023252		
Date Assigned:	06/06/2014	Date of Injury:	02/25/2013
Decision Date:	07/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/11/2013

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 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 injured worker is a 60-year-old female with a reported injury on 02/25/2013. The injured worker sustained her injury to her right shoulder, forearm, elbow, and the left ribs while performing her usual customary job duties as a shipper, receiver, and assembler with having repetitive motion. She had a comprehensive orthopedic exam on 03/31/2014 which revealed that she had previous X-rays of the upper extremities as well as an electromyography (EMG)/nerve conduction study. The results of the X-rays were normal. She complained of experiencing neck pain radiating to the right arm down to the right side of her forearm to the palm of her right hand. The pain is burning with numbness and tingling and keeps her up at night. The injured worker did have a history of physical therapy and activity modification which she reported that her symptoms have not improved. Her list of medications consisted of Ambien, Norco, and Xanax. Her medications also included Ibuprofen, Lyrica, Hydrocodone, and Valium. The injured worker does have a history of a previous injury in 1999 when she injured her hands bilaterally and she did have a carpal tunnel release surgery in 2001. The exam revealed that her cervical spine sensation was normal, and her muscle strength in her cervical spine was also normal. The range of motion exam to her shoulders showed decreased range of motion and her muscle strength was normal for her shoulders. Also, on her elbows there was normal range of motion and she was positive for the Tinel's cubital tunnel syndrome. The exam on the wrists and hands did show her range of motion was also normal but she did have a positive Tinel's bilaterally and a positive Phalen's and a negative Finkelstein's. The previous nerve conduction test was on 04/25/2013 and it revealed no abnormalities. Her diagnoses were cervical spine strain and sprain rule out herniated nucleus pulposus with symptoms of right upper extremity radiculitis/radiculopathy, right elbow lateral epicondylitis, right elbow medial epicondylitis, right wrist sprain/strain, rule out carpal tunnel syndrome, and history of left chest wall contusion. There was no

documentation of any conservative treatment such as physical therapy or the efficacy of her medications or pain assessment and home exercise program. The recommended treatment is for her to have an MRI of the cervical spine. The review of the EMG/nerve conduction study was already done and it does not demonstrate entrapment neuropathy of the right upper extremity. The request for authorization and the rationale was not provided for an EMG/nerve conduction study to 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 TO THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) recommends for the EMG study if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks, and also for the nerve conduction study and EMG if severe nerve entrapment is suspected on the basis of physical exam and that there is a failure to respond to conservative treatment. There was a lack of documentation of conservative treatment such as efficacy of medications, physical therapy, and home exercise program. There was a previous EMG and NCV study done that did not show any symptoms of entrapment or neuropathy of the right upper extremity. Therefore, the request is not medically necessary.