

Case Number:	CM13-0027321		
Date Assigned:	03/14/2014	Date of Injury:	08/22/2011
Decision Date:	06/02/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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:

██████████ is a 33-year-old female who was injured 08/22/11 sustaining an injury to the left upper extremity. Records indicate a prior surgical process of 2012 in the form of a wrist arthroscopy, triangular fibrocartilage repair and extensor carpus ulnaris debridement. There is documentation of two prior electrodiagnostic studies available for review, the most recent from 01/21/13 showing a left ulnar neuropathy of the elbow with no other findings. An 11/14/13 follow-up indicated continued left upper extremity and wrist complaints stating minimal benefit with recent course of physical therapy. Physical examination showed 60% range of motion to the wrist with no erythema or fusion. There is tenderness generally but most noted at the dorsum of the wrist to palpation. There was no documentation of neurologic findings. Recommendations at that time were for repeat electrodiagnostic studies to the claimant's left upper extremity. There is no indication of further testing noted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Based on Neck and Upper Back Complaints ACOEM guidelines electrodiagnostic studies of the upper extremities are not supported. ACOEM states, "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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." This individual is with previous electrodiagnostic studies on two occasions demonstrating ulnar neuropathy at the elbow with recent clinical examination failing to demonstrate any evidence of acute neurologic process. Without significant change in claimant's physical examination or clinical presentation, there would be no indication for repeat electrodiagnostic studies at this time. Given the above the request is not medically necessary.