

<b>Case Number:</b>	CM13-0042612		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 40-year-old male who reported an injury on 03/17/2012. The mechanism of injury was not stated. The patient is currently diagnosed with head trauma, orbital fractures, displaced left scapular fracture, left distal clavicle fracture, right elbow anterior ulnar nerve transposition, right wrist open reduction internal fixation, nonunion of the left fourth rib fracture, left eight rib fracture, and left pneumothorax. The patient was seen by [REDACTED] on 08/01/2013. The patient reported improvement with a previous course of physical therapy. The patient reported intermittent daily pain in the left shoulder and numbness and tingling from the elbow down into the hand. Physical examination on that date revealed slightly diminished range of motion of the cervical spine, decreased sensation to light touch on the right little finger and ulnar half of the right ring finger, prominence of the lateral clavicle with slight deltoid atrophy on the left, diminished range of motion of the left shoulder, 4/5 resisted left external rotation and motor strength, dorsal radial tenderness on the right, 5/5 motor strength in bilateral upper extremities, and 2+ deep tendon reflexes. It is noted that the patient underwent a nerve conduction study and EMG of the right upper extremity on 04/12/2012, which indicated evidence of light ulnar axonopathy affecting both motor and sensory components of the nerve. The patient's CT scan of the cervical spine on 03/17/2012 reportedly indicated multilevel neural foraminal narrowing. The treatment recommendations at that time included an EMG/NCV of bilateral upper extremities and paraspinal musculature as well as a neurologic consultation. The patient was released to regular duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE LEFT UPPER EXTREMITY:** Overturned

**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): 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. As per the documentation submitted, the patient does report occasional popping of the left wrist. The patient also demonstrates atrophy in the left upper extremity. The patient has a history of bilateral wrist ORIF in 03/2012. The patient's CT scan of the cervical spine on 03/17/2012 revealed multilevel neural foraminal narrowing. The medical necessity for the requested study has been established. Therefore, the request is certified.

**NCV OF THE RIGHT UPPER EXTREMITY:** Overturned

**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): 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 patient does report numbness and tingling in the elbow on the right. The patient's physical examination of bilateral upper extremities revealed decreased sensation to light touch in the right little finger and right ring finger. The patient has a history of bilateral wrist ORIF in 03/2012. The patient's CT scan of the cervical spine on 03/17/2012 revealed multilevel neural foraminal narrowing. The medical necessity for the requested study has been established. Therefore, the request is certified.

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with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient does report occasional popping of the left wrist. The patient also demonstrates atrophy in the left upper extremity. The patient has a history of right ulnar nerve transposition in 05/2012 and bilateral wrist ORIF in 03/2012. The patient's CT scan of the cervical spine on 03/17/2012 revealed multilevel neural foraminal narrowing. The medical necessity for the requested study has been established. Therefore, the request is certified.

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