

Case Number:	CM13-0057891		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2011
Decision Date:	03/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a female patient with the date of injury of May 23, 2011. A utilization review determination dated September 23, 2013 recommends non-certification of EMG Left Upper Extremity. The previous reviewing physician recommended non-certification of EMG Left Upper Extremity due to lack of documentation of failure of conservative treatment. A PR-2 report dated October 17, 2013 identifies Subjective Complaints of numbness and tingling in her left ring and small fingers which she states is constant. Objective findings include elbow flexion test does not change the constant tingling in the left ring and small fingers. Diagnoses include anterior transposition of ulnar nerve at left elbow 6/19/13, endoscopic left carpal tunnel release, open release of left Guyon's canal, release of A1 pulley, left long finger 5/2/12. Treatment Plan includes she has persistent numbness and tingling in her left ring and small fingers despite previous release of the Guyon's canal and anterior transposition of ulnar nerve. The elbow flexion test does not change the constant tingling in the ring and small fingers of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 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): 178, 182.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for EMG left upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, the patient is noted to have persistent numbness and tingling in her left ring and small fingers despite previous release of the Guyon's canal and anterior transposition of ulnar nerve. The elbow flexion test does not change the constant tingling in the ring and small fingers of the left hand. The most recent surgery was done in June of 2013. The patient continues to have neurologic symptoms despite surgery. As such, the currently requested EMG left upper extremity is medically necessary.