MAXIMUS Federal Services

Case Number:	CM13-0058313		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2013
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 & 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 injured worker is a 48-year-old male who reported an injury on April 30, 2013. The mechanism of injury was not provided in the medical records. The injured worker's symptoms included pain to the left wrist and hand at 7/10 to 8/10. He had complaints of numbness and tingling to his fourth and fifth fingers, and complaints of pain to his elbow and weakness to his left upper extremity. The injured worker was noted to have positive lateral epicondyle tenderness to percussion over the ulnar nerve with complaints of numbness and tingling in the 4th and 5th fingers. The injured worker had negative carpal tunnel symptoms, negative Tinel's, negative Durkin's, and negative Phalen's tests. The injured worker complained of numbness and tingling to the 4th and 5th fingers, when the medial nerve was held down. Sensation was intact to the fingers to light touch. The injured worker was diagnosed with lesion of ulnar nerve. Past medical treatment included medications and a brace for the left wrist and hand. Diagnostic studies were not included in the medical records. On November 08, 2103, a request for an electromyography (EMG) and nerve conduction velocity (NCV) of the upper bilateral extremities was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE UPPER BILATERAL EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition (2007), Chapter 10 - Elbow Disorders (revised)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) page (s) 42-43, Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: According to the California MTUS/ACOEM Practice Guidelines, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve the injured worker's symptoms, provided red flag conditions are ruled out. In the absence of red flags, there are a few exceptions to the rule, which include an electromyography study if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. A nerve conduction study (NCS) and possibly an EMG if severe nerve entrapment is suspected based on physical examination and there is a failure to respond to conservative treatment. The Official Disability Guidelines further state electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies. Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The documentation submitted for review revealed percussion over the ulnar nerve resulted in complaints of numbness and tingling to the 4th and 5th fingers. The documentation also noted the injured worker to have negative carpal tunnel syndrome symptoms, negative Tinel's, negative Durkin's, and negative Phalen's tests. Despite the evidence of cubital tunnel syndrome, the injured worker was not shown to have suspected findings of cervical radiculopathy as a cause of lateral arm pain. Therefore, the request is not supported. Given the above, the request for an EMG of the bilateral upper extremities is non-certified.

NCV OF THE BILATERAL UPPER EXTREMETIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treratment in Worker's Compensation, Online Edition, Chapter: Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) page (s) 42-43, Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

Decision rationale: According to the California MTUS/ACOEM Practice Guidelines, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve the injured worker's symptoms, provided red flag conditions are ruled out. In the absence of red flags, there are a few exceptions to the rule, which include an electromyography study if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. A nerve conduction study (NCS) and possibly an EMG if severe nerve entrapment is suspected based on physical examination and there is a failure to

respond to conservative treatment. The Official Disability Guidelines further state electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. Nerve conduction studies are recommended in injured workers with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The documentation submitted for review revealed percussion over the ulnar nerve resulted in complaints of numbness and tingling to the 4th and 5th fingers. The documentation also noted that the injured worker had negative carpal tunnel syndrome symptoms, negative Tinel's, negative Durkin's, and negative Phalen's tests. While the request for the nerve conduction study to the left upper extremity would be supported, the documentation does not support the need for the upper bilateral extremities. Given the above, the request for a NCV of the upper bilateral extremities is non-certified.