

Case Number:	CM13-0059868		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2013
Decision Date:	05/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 and is licensed to practice in Illinois. 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 22-year-old female who reported an injury on 07/24/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to the bilateral wrists and elbows. The injured worker was evaluated on 11/01/2013 and it was documented that the injured worker had bilateral wrist and elbow pain and complaints of numbness and tingling in the left small and ring finger on each hand. Injured worker's treatment history included bracing. Physical examination findings included full range of motion of the bilateral elbows with a positive cubital tunnel sign and positive Tinel's sign to the right forearm and a negative Tinel's sign to the left elbow. It was documented that the injured worker had a negative Phalen's sign bilaterally. The injured worker's diagnoses included right cubital tunnel syndrome, and possible bilateral carpal tunnel syndrome. A request was made for an electromyography and nerve conduction study to identify the source of the injured worker's numbness and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL UPPER EXTREMITY ELECTROMYOGRAM (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested bilateral upper extremity electromyogram (EMG) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies to assist in identifying pain generators for subtle focal neurological dysfunctions upon physical examination that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the only conservative treatment that has been provided to this injured worker is immobilization with bracing. There is no documentation that she has participated in any type of active therapy that may assist in resolving her symptoms. Additionally, the request is for a bilateral study. The injured worker does not have any evidence upon physical examination of left-sided neurological deficits. Although there are pain complaints and reports of numbness and tingling by the injured worker, the physical examination does not support these subjective complaints. Therefore, the need for a bilateral study is not supported. As such, the requested bilateral upper extremity electromyogram (EMG) is not medically necessary or appropriate.

BILATERAL UPPER EXTREMITY NERVE CONDUCTION STUDY (NCS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested bilateral upper extremity nerve conduction study (NCS) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies to assist in identifying pain generators for subtle focal neurological dysfunctions upon physical examination that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the only conservative treatment that has been provided to this injured worker is immobilization with bracing. There is no documentation that she has participated in any type of active therapy that may assist in resolving her symptoms. Additionally, the request is for a bilateral study. The injured worker does not have any evidence upon physical examination of left-sided neurological deficits. Although there are pain complaints and reports of numbness and tingling by the injured worker, the physical examination does not support these subjective complaints. Therefore, the need for a bilateral study is not supported. As such, the requested bilateral upper extremity nerve conduction study (NCS) is not medically necessary or appropriate.