

Case Number:	CM14-0005104		
Date Assigned:	01/24/2014	Date of Injury:	04/20/2012
Decision Date:	06/12/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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, 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 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 claimant is a 41-year-old male who was injured on April 20, 2012. Previous conservative measures have included physical therapy. The clinical document from December 23, 2013 documents a positive Tinel's test at the right elbow with numbness into the 3rd, 4th, and 5th digit. A diagnosis of right elbow ulnar neuritis is given and a request for repeat electrodiagnostic studies is placed. The utilization review in question was rendered on January 2, 2014. The request for a repeat EMG/NCV of the right upper extremity was noncertified. The reviewer noted subjective numbness in the 4th and 5th digits and diminished elbow strength with tenderness to palpation over the medial epicondyle and a positive Tinel's test at the elbow. A previous electrodiagnostic study is documented as being performed on November 15, 2012 and demonstrated mild right ulnar neuropathy. The reviewer notes that the previous test was positive and exam findings were also consistent with cubital tunnel syndrome indicating that it is unclear how an additional study would affect treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: ACOEM Guidelines notes that EMG/NCV may be useful in identifying subtle focal neurologic dysfunction in individuals with neck or arm symptoms. Based on the clinical documentation provided, the claimant presents when electrodiagnostic testing must be positive for ulnar neuropathy, and on the most recent physical examination there continues to be residual findings consistent with ulnar neuropathy. As such, this appears to present a very clear picture of cubital tunnel syndrome. The provider does not indicate how a repeat electrodiagnostic study would significantly change the medical treatment. As such, the request is considered not medically necessary.

REPEAT NERVE CONDUCTION STUDY (NCV) OF RIGHT UPPER EXTREMITY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: ACOEM notes that EMG/NCV may be useful in identifying subtle focal neurologic dysfunction in individuals with neck or arm symptoms. Based on clinical documentation provided, the claimant presents when electrodiagnostic testing must be positive for ulnar neuropathy, and on the most recent physical examination there continues to be residual findings consistent with ulnar neuropathy. As such, this appears to present a very clear picture of cubital tunnel syndrome. The provider does not indicate how a repeat electrodiagnostic study would significantly change the medical treatment. As such, the request is considered not medically necessary.