

Case Number:	CM14-0009620		
Date Assigned:	02/14/2014	Date of Injury:	01/23/2013
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 47-year-old who reported an injury on January 23, 2013. The injured worker was pulling a cart when her elbow popped and swelled. Current diagnoses include right lateral epicondylitis and rule out ulnar neuropathy. The injured worker was evaluated on November 22, 2013. The injured worker reported persistent mid and lower back pain as well as right elbow pain associated with tingling and weakness in the right arm and hand. Physical examination revealed normal bulk and tone in all major muscle groups of the upper extremities, negative atrophy, 4/5 strength on right elbow flexion, and intact sensation with 1+ deep tendon reflexes. Treatment recommendations at that time included electrodiagnostic studies of the bilateral upper extremities to rule out peripheral nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE ELECTROMYOGRAPHY OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 10,

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

Decision rationale: The Neck and Upper Back Complaints Chapter of the 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 three or four weeks. According to the documentation submitted, there is no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. The injured worker does report persistent pain and weakness in the right upper extremity. However, there is no indication of a significant abnormality with regard to the left upper extremity. Physical examination revealed normal bulk and tone in all major muscle groups, 4/5 strength on right elbow flexion, and intact sensation. There was no documentation of a significant neurological deficit that would warrant the need for any electrodiagnostic study. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

ONE NERVE CONDUCTION STUDY OF LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Neck and Upper Back Complaints Chapter of the 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 three or four weeks. According to the documentation submitted, there is no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. The injured worker does report persistent pain and weakness in the right upper extremity. However, there is no indication of a significant abnormality with regard to the left upper extremity. Physical examination revealed normal bulk and tone in all major muscle groups, 4/5 strength on right elbow flexion, and intact sensation. There was no documentation of a significant neurological deficit that would warrant the need for any electrodiagnostic study. The request for an NCS of the left upper extremity is not medically necessary or appropriate.