

Case Number:	CM14-0014727		
Date Assigned:	02/28/2014	Date of Injury:	04/01/2011
Decision Date:	07/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopaedic 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 injured employee is a 43-year-old female who sustained a work-related injury on April 1, 2011, due to typing and computer work. Prior treatment has included a bilateral carpal tunnel release performed on January 25, 2010, as well as an ulnar nerve decompression in August 2012. The most recent visit in the medical record is dated January 8, 2014, and the injured employee complaints of right shoulder pain as well as increasing numbness in the ulnar digits of the left hand. The physical examination noted a positive elbow flexion test on the left and a positive Tinel's test over the cubital tunnel. There was a normal motor and sensory examination. There was a diagnosis of status post left shoulder arthroscopy, status post bilateral carpal tunnel release, and status post right trigger thumb release, right shoulder impingement syndrome with acromioclavicular (AC) joint arthritis, and right upper extremity paresthesias. The injured employee was scheduled for a right shoulder arthroscopy and repeat electrodiagnostic studies of the left upper extremity were recommended. A cervical spine MRI, dated March 6, 2012, noted right sided foraminal stenosis at C4-C5 and a bulging disc most pronounced at C5-C6. A previous utilization management review was performed on January 27, 2014, which did not certify the request for left upper extremity electromyography (EMG) and nerve conduction velocity (NCV) studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE UPPER LEFT EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Although the injured employee complains of numbness and tingling in the owner digits of the left-hand and there are neither sensory deficits noted on physical examination nor any muscular strength loss, there is a positive elbow flexion test and Tinel's test at the elbow indicative of possible ulnar nerve entrapment. Although there is no mention of other conservative treatments for this condition performed prior to or after the ulnar nerve transposition surgery, this is not a requirement for EMG testing. The California MTUS chronic pain medical treatment guidelines do support EMG and NCV testing to identify focal neurological dysfunction. Therefore, there is a clinical indication to address this wholly unrelated, ordinary disease of life co-morbidity.

ELECTROMYOGRAM (EMG) OF THE UPPER LEFT EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Although the injured employee complains of numbness and tingling in the owner digits of the left-hand and there are neither sensory deficits noted on physical examination nor any muscular strength loss, there is a positive elbow flexion test and Tinel's test at the elbow indicative of possible ulnar nerve entrapment. Although there is no mention of other conservative treatments for this condition performed prior to or after the ulnar nerve transposition surgery, this is not a requirement for EMG testing. The California MTUS chronic pain medical treatment guidelines do support EMG and NCV testing to identify focal neurological dysfunction. Therefore, this request to address an unrelated ordinary disease of life co-morbidity is clinically indicated, only not as care reasonably required to address the sequelae of the compensable event.