

<b>Case Number:</b>	CM14-0015451		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with date of injury 2/24/12. The treating physician report dated 1/17/14 indicates that the patient presents with right arm throbbing pain and hand pain with right hand swelling. The patient has decreased strength of the FPL and FDP 2nd and 3rd, and he is dropping objects. Examination findings include right hand swelling, tender over the medial and lateral elbow with intact sensation to light touch and pinprick bilaterally. According to the UR report there was an MRI report dated 12/9/13 that indicated hemorrhage around the right elbow musculature (report not included in the records provided). The current diagnoses are Pain in joint forearm, Lesion median nerve, Pain in joint shoulder, Possible anterior interosseous nerve injury. The utilization review report dated 1/16/14 denied the request for EMG right upper extremity, NCV right upper extremity, NCV left upper extremity and EMG left upper extremity based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11, Forearm, Wrist, and Hand Complaints, pg. 260-262 and on the Non-MTUS, ODG, Insert Section, For Example Knee.

**Decision rationale:** The patient presents with chronic pain affecting the right upper extremity. The current request is for EMG right upper extremity. In reviewing the treating physician report dated 1/17/14 it states that the patient had an EMG/NCV study done on 6/18/12 which does not show any significant abnormalities. The treating physician states that the EMG/NCV report did not provide any graphs and there were no normal values for the measurements and the flexor digitorum communis was not marked as normal or abnormal. The treating physician states, The patient has weakness of the flexor pollicis longus as well as the flexor digitorum profundus second and third fingers, which is keeping with anterior interior osseus nerve injury, which is common when the forearm has had a crush injury and is swollen. The ACOEM Guidelines support EMG testing. The ODG guidelines state, the number of tests performed should be the minimum needed to establish an accurate diagnosis. In this case the treating physician has documented that the patient has continued pain and weakness of the right upper extremity and that a definitive diagnosis has not been established. The ODG guidelines allow for more than one electrodiagnostic study to be performed when an accurate diagnosis has not been determined. The request is medically necessary.

**NCV RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS ODG, Insert Section (for Example Knee, Total Knee Arthroplasty).

**Decision rationale:** The patient presents with chronic pain affecting the right upper extremity. The current request is for NCV right upper extremity. In reviewing the treating physician report dated 1/17/14 it states that the patient had an EMG/NCV study done on 6/18/12 which does not show any significant abnormalities. The treating physician states that the EMG/NCV report did not provide any graphs and there were no normal values for the measurements and the flexor digitorum communis was not marked as normal or abnormal. The treating physician states, The patient has weakness of the flexor pollicis longus as well as the flexor digitorum profundus second and third fingers, which is keeping with anterior interior osseus nerve injury, which is common when the forearm has had a crush injury and is swollen. The ACOEM Guidelines support EDS testing. The ODG guidelines state, The number of tests performed should be the minimum needed to establish an accurate diagnosis. In this case the treating physician has documented that the patient has continued pain and weakness of the right upper extremity and that a definitive diagnosis has not been established. The ODG guidelines allow for more than one electrodiagnostic study to be performed when an accurate diagnosis has not been determined. Recommendation is for authorization of NCV of the right upper extremity.

**NCV LEFT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS ODG, Insert Section, Total Knee Arthroplasty.

**Decision rationale:** The patient presents with chronic pain affecting the right upper extremity. The current request is for NCV left upper extremity. In reviewing the treating physician report dated 1/17/14 it states that the patient had an EMG/NCV study done on 6/18/12 which does not show any significant abnormalities. The treating physician states that the EMG/NCV report did not provide any graphs and there were no normal values for the measurements and the flexor digitorum communis was not marked as normal or abnormal. The treating physician states, The patient has weakness of the right flexor pollicis longus as well as the right flexor digitorum profundus second and third fingers, which is keeping with anterior interior osseus nerve injury, which is common when the forearm has had a crush injury and is swollen. The ACOEM Guidelines support EDS testing. The ODG guidelines state, The number of tests performed should be the minimum needed to establish an accurate diagnosis In this case the treating physician has documented that the patient has continued pain and weakness of the right upper extremity and that a definitive diagnosis has not been established. The ODG guidelines allow for more than one electrodiagnostic study to be performed when an accurate diagnosis has not been determined. Recommendation is for authorization of NCV of the left upper extremity.

**EMG LEFT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS, ODG, Total Knee Arthroplasty, Forearm, Wrist, Hand Chapter.

**Decision rationale:** The patient presents with chronic pain affecting the right upper extremity. The current request is for EMG left upper extremity. In reviewing the treating physician report dated 1/17/14 it states that the patient had an EMG/NCV study done on 6/18/12 which does not show any significant abnormalities. The treating physician states that the EMG/NCV report did not provide any graphs and there were no normal values for the measurements and the flexor digitorum communis was not marked as normal or abnormal. The treating physician states, The patient has weakness of the right flexor pollicis longus as well as the right flexor digitorum profundus second and third fingers, which is keeping with anterior interior osseus nerve injury, which is common when the forearm has had a crush injury and is swollen. The ACOEM Guidelines support EDS testing. The ODG guidelines state, The number of tests performed should be the minimum needed to establish an accurate diagnosis. In this case the treating physician has documented that the patient has continued pain and weakness of the right upper extremity and that a definitive diagnosis has not been established. The ODG guidelines allow for more than one electrodiagnostic study to be performed when an accurate diagnosis has not been determined. Recommendation is for authorization of EMG of the left upper extremity.