

Case Number:	CM14-0017755		
Date Assigned:	04/16/2014	Date of Injury:	01/20/2012
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational Medicine 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 applicant has filed a claim for elbow medial epicondylitis reportedly associated with an industrial injury of January 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and consultation with an elbow surgeon, who apparently sought a cubital tunnel release surgery. In a Utilization Review Report dated January 16, 2014, the claims administrator denied a request for repeat electromyogram (EMG) and nerve conduction velocity (NCV) testing of the right upper extremity. The utilization reviewer stated that EMG testing was not indicated here. The applicant has already been approved for cubital tunnel release surgery. The claims administrator cited both MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. Specifically reviewed now is an electrodiagnostic testing report dated March 23, 2012. The applicant was given diagnosis of right-sided cubital tunnel syndrome versus proximal ulnar neuropathy with superimposed bilateral C5 radiculopathy. Elbow MRI imaging of March 15, 2012 was notable for findings consistent with lateral epicondylitis and the absence of any other abnormalities. The applicant apparently ultimately underwent right cubital tunnel release surgery on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Elbow Chapter

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

Decision rationale: No, the proposed repeat electromyogram (EMG) of the right upper extremity is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted 2007 ACOEM Practice Guidelines, page 33, EMG testing is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least six weeks. In this case, however, the applicant already had earlier electrodiagnostic testing in 2012, at the outset of the claim, which was notable for the presence of a cervical radiculopathy and/or superimposed ulnar neuropathy. It was unclear why repeat testing was being sought here as the diagnosis in question was already clinically evident and electrodiagnostically confirmed. The repeat EMG testing proposed is/was superfluous as the claimant already has a definitive diagnosis that was electrodiagnostically corroborated. Therefore, the request is not medically necessary.

REPEAT NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 10-4.

Decision rationale: Similarly, the proposed repeat nerve conduction velocity (NCV) study of the right upper extremity is also not medically necessary, medically appropriate, or indicated here. While the 2007 ACOEM Practice Guidelines, Elbow Complaints Chapter, Table 4, page 42 does recommend nerve conduction testing to confirm ulnar nerve entrapment if conservative treatment fails, in this case, however, the claimant already had a diagnosis of clinically-evident, electrodiagnostically-confirmed cubital tunnel syndrome at the time the request for repeat testing was made. It is unclear how or why repeat testing was sought. The repeat testing in question would not have influence or alter the treatment, as the claimant was already intent on pursuing a surgical remedy and in fact underwent cubital tunnel release surgery on February 18, 2014. The proposed repeat nerve conduction testing would not have altered the treatment plan and was superfluous, given the fact that earlier testing was positive. Therefore, the request is likewise not medically necessary.