

Case Number:	CM14-0132988		
Date Assigned:	08/22/2014	Date of Injury:	04/03/2013
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 35-year-old male who sustained a work injury on 4-13-14. The claimant injured his bilateral wrist and elbow due to repetitive work. The claimant has undergone a neuroplasty of the ulnar nerve at the elbow and internal neurolysis of the ulnar nerve at the cubital tunnel, medial epicondylectomy, neuropathy of the ulnar nerve at the wrist, internal neurolysis of the ulnar nerve at the Guyon's canal, neuropathy of the median nerve of the writ, flexor tenosynovectomy at the carpal tunnel and internal neurolysis of the median nerve at the carpal tunnel on 1-24-14. He had the same procedure to the left wrist and elbow on 3-7-14. The claimant has positive Phalen's and Tinel's bilaterally. There is a request for EMG/NCS to bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine - EMG/NCS.

Decision rationale: ODG reflect that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1- month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ODG reflects that NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. This claimant has been treated surgically for bilateral cubital tunnel and carpal tunnel syndrome. There is an absence in documentation noting the medical necessity of an NCS in a claimant with already diagnosis of carpal tunnel syndrome and cubital tunnel syndrome therefore, the medical necessity of performing EMG/NCS is not medically necessary.