

Case Number:	CM14-0134673		
Date Assigned:	08/29/2014	Date of Injury:	01/19/2013
Decision Date:	09/29/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 53 year old male who reported injury on 01/19/2013. The injury reportedly occurred while the injured worker was pushing a 400lb pallet. Diagnoses included cervical spine degenerative disc disease, cervical spine strain/sprain, chronic C6-7 radiculopathy, and left cubital and carpal tunnel syndrome. The past treatments included physical therapy of the cervical spine, and left elbow, a traction device, and an elbow brace. An MRI of the cervical spine was performed on 09/10/2013 which revealed mild disc bulging, neural foraminal narrowing, and facet arthropathy to the cervical spine. An EMG/NCV was performed on 12/27/2013 which revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. The progress note dated 08/29/2014, noted the injured worker complained of pain to his neck radiating to his left shoulder, pain in his left elbow with reduced range of motion, pain to his left hand/ wrist, numbness to his left upper extremity, and reduced range of motion to his hand/ wrist. The physical exam revealed tenderness to palpation over the left C5-6 and C6-7, left upper trapezius, left levator scapula, and left rhomboid. The injured worker had limited and painful range of motion. Decreased sensation was present over the left ulnar forearm and the ulnar half of the left hand including the left ring and fifth fingers. The injured worker had a positive Tinel's sign to the left elbow over the ulnar nerve. This was unchanged from the previous examination which was performed on 07/23/2014. Medications included Ativan and Robaxin. The treatment plan requested to continue physical therapy to the left wrist and elbow and continue medications. The Request for Authorization form was dated 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The EMG/NCV performed on 12/27/2013 revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. The injured worker had decreased sensation over the left ulnar forearm and the ulnar half of the left hand including the left ring and fifth fingers, and a positive Tinel's sign to the left elbow over the ulnar nerve, not noted to be worsened over time. Physical therapy was ongoing. There was no indication of right sided nerve entrapment. The California MTUS/ ACOEM guidelines note nerve conduction study and possibly EMG may be recommended if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. The injured worker had no evidence of a right upper extremity condition. There were no subjective or objective concerns related to the right upper extremity. The injured worker has had an EMG/NCV which was performed on 12/27/2013 and revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. There is no evidence of a significant change in condition. The request for an EMG of the right arm is not supported at this time. Therefore, the request is not medically necessary.

NVC left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 42-43.

Decision rationale: The EMG/NCV performed on 12/27/2013 revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. The injured worker had decreased sensation over the left ulnar forearm and the ulnar half of the left hand including the left ring and fifth fingers, and a positive Tinel's sign to the left elbow over the ulnar nerve, not noted to be worsened over time. Physical therapy was ongoing. The California MTUS/ ACOEM guidelines state that a nerve conduction study is recommended for acute, sub-acute and chronic ulnar nerve entrapment to localize the abnormality above or below the elbow for assessment of ulnar nerve entrapment. The injured worker has had an EMG/NCV which was performed on 12/27/2013 and revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. There is no evidence of a significant change in condition. There was no indication of a red flag condition, efficacy of other treatment was not measured, significant tissue insult was not noted, and there was no reference to surgical intervention. The request for another nerve conduction study at this time would be excessive and unsupported. Therefore, the request is not medically necessary.

NVC right upper extremity: Upheld

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

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Decision rationale: The EMG/NCV performed on 12/27/2013 revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. The injured worker had decreased sensation over the left ulnar forearm and the ulnar half of the left hand including the left ring and fifth fingers, and a positive Tinel's sign to the left elbow over the ulnar nerve, not noted to be worsened over time. Physical therapy was ongoing. The California MTUS/ ACOEM guidelines state that a nerve conduction study is recommended for acute, sub-acute and chronic ulnar nerve entrapment to localize the abnormality above or below the elbow for assessment of ulnar nerve entrapment. There were no subjective or objective concerns related to the right upper extremity. The injured worker has had an EMG/NCV which was performed on 12/27/2013 and revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. There is no evidence of a significant change in condition. There was no indication of a red flag condition, efficacy of other treatment was not measured, significant tissue insult was not noted, and there was no reference to surgical intervention. The request for another nerve conduction study at this time would be excessive and unsupported. Therefore, the request is not medically necessary.

EMG left upper extremity: Upheld

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Decision rationale: The EMG/NCV performed on 12/27/2013 revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. The injured worker had decreased sensation over the left ulnar forearm and the ulnar half of the left hand including the left ring and fifth fingers, and a positive Tinel's sign to the left elbow over the ulnar nerve, not noted to be worsened over time. Physical therapy was ongoing. There was no indication of right sided nerve entrapment. The California MTUS/ ACOEM guidelines note nerve conduction study and possibly EMG may be recommended if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. The injured worker had no evidence of a right upper extremity condition. The injured worker has had an EMG/NCV which was performed on 12/27/2013 and revealed left C6-7 radiculopathy, left elbow cubital tunnel, and left wrist carpal tunnel syndrome. There is no evidence of a significant change in condition. The request for an EMG of the right arm is not supported at this time. Therefore, the request is not medically necessary.

