

Case Number:	CM14-0139135		
Date Assigned:	09/05/2014	Date of Injury:	11/06/2013
Decision Date:	11/26/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 & 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 50-year-old male with a date of injury of 11/06/2013. The listed diagnoses per [REDACTED] are chronic cervicalgia, bilateral elbow and shoulder region arthralgia, and recurrent myofascial strain and radiculopathy pain in upper extremities. According to progress report 07/02/2014, the patient presents with failed cervical spine surgery syndrome, cervicogenic headaches, and myofascial strain of the bilateral shoulder. EMG/NCV studies from 04/25/2014 were "essentially within normal limits." Objective findings revealed tenderness along the distal fascia along the elbow. "He has Tinel's along the elbow as well as Tinel's wrist. Motion is satisfactory, although painful at the elbow." This is a request for "muscle test one limb, repeat EMG/NCV of bilateral upper extremities." Utilization Review denied the request on 07/30/2014. Treatment reports from 02/26/2014 through 07/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test one limb, Repeat EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th ed (web) Forearm, Wrist, and Hand, and Elbow, Electromyography and Nerve Conduction studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: This patient presents with ongoing numbness/tingling and discomfort along the elbow and wrist. Given the patient's continued complaints, the physician is requesting an EMG/NCV of the bilateral upper extremities. The physician states that "nerve studies have been done in the past in April, and they were negative. They need to be repeated at this time." The prior EMG/NCV studies were not provided for my review. ACOEM Guidelines page 262 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/sub-acute conditions. ODG guidelines have the following under its Carpal Tunnel Syndrome Chapter regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, a repeat EMG/NCV is not necessary as there are no new symptoms, or new neurologic findings to warrant a repeat study. ACOEM does allow for repeat studies for initial negative studies if early on in the injury. However, this patient had an EMG/NCV studies about 5 months following the injury and should have been sufficient time for abnormalities to show up if present. Recommendation is for denial.