MAXIMUS Federal Services

Case Number:	CM14-0150298		
Date Assigned:	09/18/2014	Date of Injury:	04/21/2011
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 patient is a 50-year-old female who has submitted a claim for sprain shoulder/arm associated with an industrial injury date of April 21, 2011.Medical records from 2014 were reviewed, which showed that the patient complained of medial elbow pain. Physical examination revealed right medial elbow pain with atrophy and numbness of the proximal forearm. The medial epicondyle was tender. There was decreased sensation of the right elbow. Cozen's and Tinel's were positive. There was atrophy of the right proximal forearm. There was right wrist weakness especially with reaching, gripping, grasping and fine manipulation. An EMG/NCV study of the bilateral upper extremities dated 6/13/11 showed moderate right carpal tunnel syndrome.Treatment to date has included surgeries, immobilization, medications, acupuncture, steroid injections, physical therapy, home exercises and home EMS.Utilization review from August 26, 2014 denied the request for Electromyography/Nerve Conduction Velocity Studies of the Right Upper Extremity because there was no objective evidence to show that adequate conservative care in the form of physical therapy had been completed prior to the request and because there was no contemplated procedure that may benefit form the study requested that was mentioned.Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity Studies of the Right Upper Extemity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. However, guidelines do not recommend EMG before conservative treatment. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, electrodiagnostic studies are being requested to rule out ulnar neuropathy on the patient. Subjective findings of burning medial elbow pain and numbness as well as objective findings of tender medial epicondyle, positive Tinel's and Cozen's, decreased sensation of the elbows, atrophy of the proximal forearm and weakness of the wrist support the suspected diagnosis. These findings are not consistent with the previous pathology of carpal tunnel syndrome found on a previous electrodiagnostic study. The patient has undergone various conservative treatments not necessarily for ulnar neuropathy but nevertheless also targeted to the hand including immobilization, medications, acupuncture, steroid injections, physical therapy, home exercises and home EMS. The guidelines support the use of electrodiagnostic studies in this patient and they may help in decisions for further management. Clinical manifestations are consistent with peripheral neuropathy; hence, NCV testing is warranted. However, there is no clear indication for EMG at this time; patient's signs and symptoms do not show evidence of nerve root compromise to warrant such. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Electromyography/Nerve Conduction Velocity Studies of the Right Upper Extremity is not medically necessary.