

<b>Case Number:</b>	CM14-0028328		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/30/12. A utilization review determination dated 2/28/14 recommends non-certification of EMG/NCV RUE. 3/24/14 medical report identifies that the EMG/NCS was denied. Exam findings were noted to be unchanged without further specifics. 2/7/14 AME report notes that the patient underwent right ulnar nerve subcutaneous transposition on 8/30/12 with some help, but still significant loss of sensation and difficulty with hand use. The patient notes decreased sensation in the ulnar forearm, palm, and fourth and fifth digits, with significant function problems with the hand, such as weakness and dropping items or having to look at the hand to see where it is when using tools. Writing and typing are difficult. On exam, marked sensory loss at the ulnar right hand fourth and fifth digits, decreased left shoulder ROM, right elbow extension to 5 degrees, positive Tinel at the right cubital tunnel radiating to the hand, DTRs 2 on the right biceps, triceps, and brachioradialis, and 1 on the left. The reviewer would like to have the results of EMG/NCS to determine the impairment with regard to the ulnar nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY STUDY OF THE RIGHT UPPER EXTREMITY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**Decision rationale:** Regarding the request for ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY STUDY OF THE RIGHT UPPER EXTREMITY, California MTUS and ACOEM support nerve conduction study and possibly EMG 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. NCS is recommended for patients with activity limitations due to elbow symptoms not improving > 4 weeks when there are significant (e.g., limiting work ability) paraesthesias or dysesthesias and an objective site of nerve dysfunction on physical exam. Within the documentation available for review, the prior utilization review non-certified the request as there was no neurological examination findings suggestive of peripheral neuropathy and/or radiculopathy. An additional report in the form of an AME report notes a history of right ulnar nerve subcutaneous transposition that helped some, but the patient still has significant difficulty with hand use from loss of sensation and weakness, such as dropping tools and difficulty with writing and typing. On exam, there is markedly decreased sensation and a positive Tinel's. The AME report also notes a desire to review the results of the electrodiagnostic testing in order to determine the patient's impairment. In light of the above, the currently requested ELECTROMYOGRAPHY AND NERVE CONDUCTION VELOCITY STUDY OF THE RIGHT UPPER EXTREMITY is medically necessary.