

Case Number:	CM14-0035214		
Date Assigned:	06/25/2014	Date of Injury:	02/19/2012
Decision Date:	10/07/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 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:

The patient is a 53 year old female who sustained an industrial injury to the right elbow on 12/19/2012. While working from home, she slipped and fell onto her right upper extremity and sustained a right elbow fracture. On 12/20/2012 she underwent ORIF of distal 1/3 humerus fracture and radial nerve neurolysis. Treatment has included 20 sessions of physical therapy, acupuncture, paraffin wax, and medications. A 4/15/2013 cervical MRI showed significant spondylitic changes at C4-5 and C5-6 with varying degrees of neural foraminal stenosis and central stenosis. An EMG/NCV on 4/26/2012 revealed mild right CTS. A second EMG/NCV on 7/27/2012 was normal. A right upper extremity EMG/NCV on 2/5/2014 revealed median neuropathy at the wrist. According to the 3/26/2014 evaluation, the patient complains of right lateral epicondyle region pain, rated 6-8/10, and intermittent right wrist pain rated 7-8/10. Pain is improved with acupuncture, ointments, massage, paraffin wax and medication. She also reports pain at the T2-3T junction. There is no report of pain involving the left upper extremity. Examination reveals unremarkable examination of the left upper extremity, with only + tenderness noted at the left medial epicondyle and flexor tendon insertion. The PR-2 dated 8/25/2014 documents examination reveals decreased cervical ROM, improved from previous exam, positive Tinel's right greater than left medial epicondyle, moderate edema of left extensor wad, TTP left scapularis trapezius and rhomboid, decreased bilateral shoulder ROM, 4/5 rotator cuff strength, TTP of left more than right AC joint and glenohumeral joint, negative impingement bilaterally, severe myofascial pain. Diagnoses are hand contusion, sprain/strain wrist, and lateral meniscus tear. Treatment plan includes continue myofascial trigger release, pool walking, medication, HEP with exercise DMEs. She is returned to a modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: As per CA MTUS/ACOEM guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Further guidelines indicate "electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, the medical records do not document any prior history of injury, and the records also do not demonstrate any history of treatment as it relates to the left upper extremity complaint. Failure to respond to a course of conservative care is not demonstrated. Furthermore, the medical records do not document relevant objective clinical findings to support the request. Also, apparently, electrodiagnostic studies of the upper extremities have previously been performed. The medical necessity of repeat left upper extremity EMG has not been established.

Nerve Conduction Study (NCS) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: As per CA MTUS/ACOEM guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Further guidelines indicate "electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." In this case, the medical records do not document any prior history of injury, and the records also do not demonstrate any history of treatment as it relates to the left upper extremity complaint. Failure to respond to a course of conservative care is not demonstrated. Furthermore, the medical records do not document relevant objective clinical findings to support the request. Also, apparently, electrodiagnostic studies of the upper extremities have previously been performed. The medical necessity of repeat left upper extremity NCS has not been established.