MAXIMUS Federal Services

Case Number:	CM14-0039791		
Date Assigned:	06/27/2014	Date of Injury:	11/09/2010
Decision Date:	08/12/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/04/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 11/09/2010 due to an unspecified mechanism of injury. On 02/14/2014, she reported constant, dull and aching pain in her neck and left shoulder which radiated into her arm along with right hand pain that radiated into her arm. She rated her pain at a 5/10. A physical examination revealed a positive Tinel's on the left wrist and medial elbow, positive Phalen's on the left hand, localized tenderness noted bilaterally at the epicondyle tendon with a positive Cozeman's bilaterally, 5/5 bilateral upper extremity motor strength and intact sensation. An magnetic resonance imaging (MRI) of the right elbow was performed on 12/28/2011 and revealed subchondral bone marrow edema and cystic changes in the capitellum which was likely degenerative in nature with palpable overlying cartilage thinning. Her diagnoses included enthesopathy of the wrist and carpus, elbow osteoarthritis secondary of the elbow and lateral epicondylitis. Past treatments included bilateral wrist splints, physical therapy and medications. Her medications included meloxicam, Voltaren Gel 1%, gabapentin 100 mg. The treatment plan was for an electromyography and a nerve conduction study of the bilateral upper extremities. The Request For Authorization was not provided. The rationale for treatment was to evaluate ulnar versus median neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

(EMG) Electromyography Bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The patient was noted to have a positive Tinel's on the left wrist and medial elbow and a positive Phalen's on the left hand. She had a 5/5 motor strength and sensation was intact. Based on the information provided in the The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines, Electromyography (EMG) is recommended to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before an epidural steroid injection. They are not recommended for a diagnosis of nerve root involvement in findings of history, physical examination and imaging studies are consistent. Based on the clinical information provided, the injured worker had a positive Tinel's and Phalens on the left upper extremity which could indicate the necessity for an EMG of the left extremity. However, the documentation provided is lacking evidence of neurological findings with the right upper extremities to support the necessity of an EMG of the bilateral upper extremities. The rationale for the request is unclear as there are no significant findings in the right upper extremity. Given the above, the request is request is not medically necessary and appropriate.

(NCS) Nerve Conduction Study Bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The injured worker reported pain in the left extremity with findings of a positive Tinel's and Phalen's on the left upper extremity. She had a motor strength of 5/5 in the bilateral upper extremities and her sensation was intact. The Official Disability Guidelines recommend nerve conduction studies for patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Based on the clinical information provided for review, the injured worker does not have symptoms consistant with carpal tunnel syndrome. The documentation provided is lacking information regarding numbness/tingling, and weakness in the upper extremities to support the request. The request for a nerve conduction study of the bilateral upper extremities is not supported by the guideline recommendations as there were no clear indications for its necessity. Given the above, the request is not medically necessary and appropriate.