

Case Number:	CM14-0054242		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2007
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 57 year-old female employee was reportedly injured on July 30, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated November 6, 2013, indicates that there are ongoing complaints of neck pain radiating to the left upper extremity with numbness and tingling in the left-hand. The physical examination demonstrated tenderness over the trapezius and scapula as well as the anterior and posterior aspects of the shoulder. There was decreased left shoulder range of motion. Examination of the left elbow noted swelling over the lateral epicondyles and extensor muscles. There was tenderness over the lateral epicondyles and full elbow range of motion. Neurological examination noted decreased sensation at the left C6 and C8 (cervical) dermatomes. There was a positive Phalen's test and Tinel's test at the left wrist and a positive Phalen's test at the right wrist. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes cortisone injections for the left elbow. A request was made for electromyography (EMG) and nerve conduction velocities (NCV) studies of the bilateral upper extremities and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Upper Extremity: Overturned

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 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Based on the medical records provided for review, the progress note dated November 6, 2013, indicates a positive Phalen's test at the bilateral wrists and a positive left-sided Tinel's test. There was also decreased sensation on the left C6 and C8 (cervical) dermatomes. Considering this, the request for electromyography (EMG) studies of the right upper extremity is medically necessary and appropriate.

Electromyography (EMG) Left Upper Extremity: Overturned

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 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The progress note dated November 6, 2013, indicates a positive Phalen's test at the bilateral wrists and a positive left-sided Tinel's test. There was also decreased sensation on the left C6 and C8 (cervical) dermatomes. Considering this, the request for electromyography (EMG) studies of the left upper extremity is medically necessary and appropriate.

Nerve Conduction Studies (NCS) Right Upper Extremity: Overturned

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 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Based on the medical records provided for review, the progress note dated November 6, 2013, indicates a positive Phalen's test at the bilateral wrists and a positive left-sided Tinel's test. There was also decreased sensation on the left C6 and C8 (cervical) dermatomes. Considering this, the request for electromyography (EMG) studies of the right upper extremity is medically necessary and appropriate.

Nerve Conduction Studies (NCS) Left upper Extremity: Overturned

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 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The progress note dated November 6, 2013, indicates a positive Phalen's test at the bilateral wrists and a positive left-sided Tinel's test. There was also decreased sensation on the left C6 and C8 (cervical) dermatomes. Considering this, the request for nerve conduction studies (NCS) of the left upper extremity is medically necessary and appropriate.