

Case Number:	CM14-0055252		
Date Assigned:	07/07/2014	Date of Injury:	09/17/2010
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/24/2014

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 9/17/10. A utilization review determination dated 4/3/14 recommends non-certification of EMG/NCV (Electromyogram/ Nerve conduction velocity) of the left upper extremity. 3/19/14 medical report identifies right elbow pain 6/10. On exam, there is right elbow tenderness to palpation over the epicondyles and olecranon process as well as painful ROM (range of motion). There is 4/5 triceps and grip strength on the right, with 5/5 on the left. There is hyperesthesia over the medial forearm and lateral forearm on the right. Electrodiagnostic studies for the bilateral upper extremities were recommended to "determine the origin of his symptoms of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of the left upper extremity, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/elbow>; Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for NCV of the left upper extremity, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying any symptoms or findings of the left upper extremity suggestive of neurologic dysfunction. In the absence of such documentation, the currently requested NCV of the left upper extremity is not medically necessary.

Electromyography (EMG) of the left upper extremity, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/elbow>; Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for EMG of the left upper extremity, CA MTUS and ACOEM state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no recent physical examination findings identifying any symptoms or findings of the left upper extremity suggestive of neurologic dysfunction. In the absence of such documentation, the currently requested EMG of the left upper extremity is not medically necessary.