

Case Number:	CM14-0056802		
Date Assigned:	07/09/2014	Date of Injury:	02/25/2009
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 30 year-old with a date of injury of 02/25/09. Extensive records are presented from 2009 through 2011. However, the most recent progress report was 06/27/12. The report noted arm numbness and weak grip. His exam was noted to be unchanged. The RFA was not included. Diagnoses included fracture of the humeral shaft and ulnar neuritis. Treatment had included internal fixation of a humeral fracture in 2010 and physical therapy. A Utilization Review determination was rendered on 04/04/14 recommending non-certification of Electromyography (EMG) of Left Upper Extremity for Left Elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of Left Upper Extremity for Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Neck and Upper Back: Nerve Conduction Studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13, 18-19.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that for ulnar nerve entrapment, "proper testing" is a nerve conduction study. It further notes that abnormalities on EMG occur much later and are typical of more advanced cases. In this case, the rationale for the study and results of previous studies such as nerve conduction are not documented. Therefore, the record does not document the medical necessity for an EMG of the elbow.