

Case Number:	CM14-0007959		
Date Assigned:	02/10/2014	Date of Injury:	10/03/2011
Decision Date:	01/19/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation 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 injured worker is a 54-year-old male with as reported date of injury of 10/03/2011, and the mechanism of injury was a fall. His diagnoses included left biceps deformity/possible tear, left wrist sprain/strain, left elbow medial epicondylitis, and left upper extremity neuropathy. His past treatments were not included. Diagnostic studies were not provided within the documentation. The patient presented on 08/22/2013 with complaints of constant pain to the left hand with numbness and tingling that radiated into the right arm and right thumb. He self rated this pain as 6/10. Past treatments include splint and pain medications. The physical examination findings revealed right elbow and forearm range of motion of flexion to 140 degrees, extension 0 degrees, pronation 60 degrees, supination 60 degrees, and positive Tinel's test; the left wrist and hand range of motion showed flexion 45 degrees, extension 45 degrees, ulnar deviation 25 degrees, radial deviation 15 degrees, and negative carpal tunnel, Phalen's, and Finkelstein's test. His relevant medications are cyclobenzaprine and Naprosyn. The treatment plan is an MRI of the left biceps, left wrist/elbow, an EMG/NCV of the bilateral upper extremities, chiropractic treatment, acupuncture treatment, modified work duty and a follow-up office visit. The request is for outpatient EMG/NCV bilateral upper extremities, and the rationale is in order to medically properly assess and treat the injured worker. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT EMG/NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, 2007 OMPG ELBOW CH 10 PG 33. ELECTROMYOGRAPHY (EMG)

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

Decision rationale: The request for outpatient EMG/NCV of the bilateral upper extremities is not medically necessary. The patient complained of pain in his left hand which radiated to the right arm and right thumb. There was a lack of documentation of neurological deficits. There was a lack of documentation of positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG/NCV of the upper extremities. According to the guidelines, EMG studies are not needed unless cervical radiculopathy is suspected as a cause of lateral arm pain, and the condition has existed for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. As such, the request for the EMG/NCV of the upper extremities is not medically necessary.