

Case Number:	CM14-0161004		
Date Assigned:	10/06/2014	Date of Injury:	08/15/2013
Decision Date:	01/29/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Rehab. 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 48 year old male with an injury date of 08/15/13. Based on the 08/28/14 progress report, the patient complains of weakness, numbness, and constant pain in the left elbow. The patient has had left distal biceps tendon repair dated 08/23/13. The patient has moderate weakness with respect to supination of the left elbow. The patient has a sensation of numbness in his small, ring, and long fingers. There is weakness with respect to wrist flexors and nonspecific pain about the volar forearm. A post-operative MRI of the left elbow dated 07/02/14 revealed a partial tear of the distal biceps tendon. The treater suspects that there is some degree of detachment and partial tearing of this repair. The diagnoses are: 1. Status post left distal tendon rupture with partial detachment and failed repair biceps tendon (08/23/13). 2. Potential injury to the left medial antebrachial cutaneous nerve. 3. Doubt injury of the median and/or ulnar nerves. The treatment plan is to consider putting the patient on a medication such as Lyrica or Neurontin to see if the strength improves. Based on the 08/22/14 report, the patient has swelling and pain over left biceps and supinator muscles. The patient is using salon pas and Naprosyn as needed and will start physical therapy soon. Per 08/04/14 report, the treater refers the patient to orthopedic consult for second opinion. The treating physician is requesting EMG/NCS of the left upper extremity per 08/28/14 report. The utilization review determination being challenged is dated 09/18/14. The requesting physician provided treatment reports from 07/22/14-08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Left Upper Extremity: 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 ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies, Lumbar & Thoracic (Acute & Chronic) chapter, Nerve Conduction Studies (NCS)

Decision rationale: This patient presents with weakness, numbness, and constant pain in the left elbow. The request is for EMG/NCS of the left upper extremity. The reports provided indicate no prior EMG/NCV studies for this patient. ODG guidelines, EMG/NCS topic, state this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The patient has had left distal biceps tendon repair dated 08/23/13. A post-operative MRI of the left elbow dated 07/02/14 revealed a partial tear of the distal biceps tendon. The treater suspects that there is some degree of detachment and partial tearing of this repair per 08/28/14. The same report, the treater stated that "an EMG nerve conduction study could be obtained to rule out an injury to the median and ulnar nerve; however, [The patient] has any significant functional loss and I do not believe it would necessarily add any [additional] information." In this case, the patient does not present with any distal symptoms into the forearm, wrist, or hand to suspect median/ulnar nerve issues and EMG/NCV does not appear indicated. The request IS NOT medically necessary.