

Case Number:	CM14-0195627		
Date Assigned:	12/03/2014	Date of Injury:	04/17/2014
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine, 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:

The patient is a 67-year-old male who has submitted a claim for right cubital tunnel syndrome associated with an industrial injury date of April 17, 2014. Medical records from 2014 were reviewed. The patient complained of weakness and right elbow pain when a winch bar hit his elbow. He reported progressive weakness and numbness in the right and small fingers. He likewise had difficulty with dexterity, such as buttoning his pants. The patient denied neck symptoms. Physical examination of the right elbow showed positive Tinel's sign and negative flexion test. Examination of the right wrist showed positive Tinel's sign, positive compression test, severe atrophy of the first intraosseous, positive Froment's test, and diminished sensation to light touch in the small finger and ulnar ring finger. The x-ray of the right elbow from October 21, 2014 documented a healed radial neck fracture with arthritic changes. Treatment to date has included physical therapy and medications. The utilization review from November 3, 2014 denied the request for EMG of the right and left upper extremities. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient complained of weakness and right elbow pain when a winch bar hit his elbow. He reported progressive weakness and numbness in the right and small fingers. He likewise had difficulty with dexterity, such as buttoning his pants. The patient denied neck symptoms. Physical examination of the right elbow showed positive Tinel's sign and negative flexion test. Examination of the right wrist showed positive Tinel's sign, positive compression test, severe atrophy of the first intraosseous, positive Froment's test, and diminished sensation to light touch in the small finger and ulnar ring finger. The x-ray of the right elbow from October 21, 2014 documented a healed radial neck fracture with arthritic changes. Treatment to date has included physical therapy and medications. However, clinical manifestations are consistent with neuropathy, hence EMG is not indicated. The guideline criteria for EMG study are not met. Therefore, the request for EMG of the right upper extremity is not medically necessary.

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient complained of weakness and right elbow pain when a winch bar hit his elbow. He reported progressive weakness and numbness in the right and small fingers. He likewise had difficulty with dexterity, such as buttoning his pants. The patient denied neck symptoms. Physical examination of the right elbow showed positive Tinel's sign and negative flexion test. Examination of the right wrist showed positive Tinel's sign, positive compression test, severe atrophy of the first intraosseous, positive Froment's test, and diminished sensation to light touch in the small finger and ulnar ring finger. The x-ray of the right elbow from October 21, 2014 documented a healed radial neck fracture with arthritic changes. Treatment to date has included physical therapy and medications. However, clinical manifestations are consistent with neuropathy, hence EMG is not indicated. The guideline criteria for EMG study are not met. Moreover, there are no clinical symptoms and findings pertaining to the left arm to certify the request. Therefore, the request for EMG of the left upper extremity is not medically necessary.

