

Case Number:	CM14-0056653		
Date Assigned:	07/09/2014	Date of Injury:	09/29/2009
Decision Date:	01/05/2015	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/28/2014

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:

The patient is a 57 year old with an injury date on 9/29/09. Patient complains of continuing pain in lateral aspect of right elbow, radiating along dorsum of forearm, down to about level of the hands and radiating somewhat proximally per 2/12/14 report. The patient is having difficulty with reaching, grasping, and performing light activities per 2/12/14 report. Based on the 2/12/14 progress report provided by the treating physician, the diagnoses are: 1. rule out radial tunnel/posterior interosseous neuropathy, right upper extremity with negative EMG and NCV obtained on 3/29/10 with underlying lateral epicondylitis and persistent symptomatology 2. CMC arthralgia, both thumbs, right more symptomatic than left. Rule out associated pronated syndrome Exam on 2/12/14 showed "supple" range of motion at right elbow. Neurovascular status grossly intact without focal neural deficit into right hand. Patient's treatment history includes bracing, cryotherapy, medications. The treating physician is requesting EMG/NCV bilateral upper extremity and neurodiagnostic studies. The utilization review determination being challenged is dated 3/31/14 and denies repeat EMG/NCV as patient already had prior electrodiagnostic studies that came out normal, and the provider suspected radial tunnel syndrome which is rarely positive on electrodiagnostic testing. The requesting physician provided treatment reports from 1/27/14 to 2/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremity and neurodiagnostic studies: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient presents with right elbow pain, right forearm/hand pain. The provider has asked for EMG bilateral upper extremity and neurodiagnostic studies on 2/12/14, and requesting PR-2 further clarifies: "repeat EMG and NCV study to compare to her prior study to see if there is any significant interval change." Patient had a prior EMG/NCV on 3/29/10 that came out negative. In reference to specialized studies of the neck, MTUS guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In this case, the patient presents with recurrent neurogenic symptomatology in her arm and paresthesias, and it has been over 3 years since her most recent electrodiagnostic studies. A repeat EMG appears medically reasonable. Recommendation is medically necessary.