

Case Number:	CM15-0005618		
Date Assigned:	01/26/2015	Date of Injury:	10/22/2012
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 53 year old male, who sustained an industrial injury on 10/22/2012. Per notes, the injured workers symptoms are said to be consistent with cubital tunnel syndrome. However, on the progress report dated 12/5/2014, there are no subjective complaints documented relating to the elbow. On exam, there was tenderness with Tinel sign to the small and ring finger with percussion of the ulnar nerve in the cubital tunnel. Current medications are Norco. The treating physician is requesting EMG (electromyography) of the upper extremities, which is now under review. On 12/30/2014, Utilization Review had non-certified a request for EMG (electromyography) of the upper extremities. The EMG was non-certified based on no mention if any previous conservative treatment has been provided. The ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic studies

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

Decision rationale: Regarding the request for EMG, CA MTUS supports NCS to confirm ulnar nerve entrapment if conservative treatment fails. Within the documentation available for review, the patient is said to have symptoms consistent with cubital tunnel syndrome, but no specific symptoms are noted. There is a positive Tinel's at the cubital tunnel noted on exam. However, there is no documentation of failure of conservative treatment. Furthermore, there is no rationale presented for the use of EMG for a suspected cubital tunnel syndrome rather than NCS as recommended by the CA MTUS. In light of the above issues, the currently requested EMG is not medically necessary.