

Case Number:	CM15-0101532		
Date Assigned:	06/04/2015	Date of Injury:	07/24/2013
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency Medicine

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 40 year old male, who sustained an industrial injury on 07/24/2013. He reported hand pain due to repetitive typing. He also reported pain in his elbow that radiated to his hand after trying to open a door with his elbow. He was given a brace for his elbow and his wrist. He was seen by a physical therapist one time but due to location and time constraints was unable to attend. According to a Doctor's First Report of Occupational Injury dated 05/11/2015, the injured worker complained of pain in his left arm, wrist and hand. Pain in his shoulder was located posterior laterally and felt like someone was pulling his arm. Pain level was rated 9 on a scale of 1-10. Tylenol with Codeine helped. Pain in his elbow was located posterior near the olecranon and distal to the elbow crease on the medial and lateral side. Pain was described as a numbness and pressure and was rated 7. A tennis elbow brace helped the pain but it was uncomfortable when he typed. Pain in his wrist was located on the volar surface and radiated to the palmar surface between the thenar and the hypothenar. Pain was rated 10 at its worse and required him to take breaks from typing. He admitted to spasming and numbness in the left pinky and fourth finger. Diagnoses included lateral epicondylitis, medial epicondylitis, neuropathy of the ulnar nerve and carpal tunnel syndrome. The treatment plan included acupuncture and electromyography/nerve conduction studies of the bilateral upper extremities to evaluate the findings of the left median and ulnar neuropathy. The injured worker was to work on posture optimization and upper core conditioning in the interim. A cubital tunnel extension brace for night time use was dispensed. Work status included modified duty. Currently under

review is the request for electromyography and nerve conduction velocity of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is documentation of nerve entrapment on left arm. There is no rationale as to why any testing is needed on the right arm which is asymptomatic. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. While patient may require NCV of left upper extremity, EMGs of bilateral and NCV of right upper extremities are not needed. EMG and NCV of bilateral upper extremities are not medically necessary.