

Case Number:	CM15-0132360		
Date Assigned:	07/20/2015	Date of Injury:	05/12/2008
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This 54 year old female sustained an industrial injury on 5/12/08. She subsequently reported right upper extremity and neck pain. Diagnoses include rotator cuff syndrome, cervical degenerative disc disease and lesion of ulnar nerve. The injured worker continues to experience right upper extremity discomfort of uncertain etiology, medial elbow pain, numbness in the small and ring fingers was noted and symptoms seem to be getting worse. Upon examination of the right elbow, full range of motion was noted. Positive elbow flexion test and a positive Tinel's sign over the cubital tunnel was noted. It was noted that an unstable ulnar nerve was the main source of pain. The last set of electrodiagnostic studies was done in 2010 and did not show any problems with the ulnar nerve, therefore a repeat of the electrodiagnostic studies was recommended to see if there has been progression. A request for EMG of the right upper extremity/neck was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right upper extremity/neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits in a radicular distribution. The requesting physician has stated that the suspected lesion is the ulnar nerve. A nerve conduction study should be sufficient to establish that diagnosis. No rationale has been provided for EMG testing. As such, the currently requested EMG of right upper extremity is not medically necessary.