Case Number:	CM15-0137368		
Date Assigned:	07/29/2015	**Date of Injury:**	12/15/2009
Decision Date:	08/25/2015	**UR Denial Date:**	06/18/2015
Priority:	Standard	**Application Received:**	07/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old female who sustained an industrial injury on 12/15/2009. The injured worker was diagnosed with right cubital tunnel syndrome, lumbosacral sprain/strain with disc injury, lumbosacral radiculopathy, cervical disc injury and headaches. The injured worker is status post a right ulnar nerve in situ release and right elbow adjacent soft tissue rearrangement with fascial flap on January 22, 2015 and left shoulder surgery in July 2012 (no procedure documented). Treatment to date has included diagnostic testing, surgery, physical therapy / occupational therapy, home exercise program and medications. According to the primary treating physician's progress report on June 5, 2015, the injured worker continues to experience elbow pain. Examination demonstrated positive Tinel's and Phalen's bilaterally with decreased sensation to light touch in the right elbow. Cervical spine examination noted tenderness to palpation of the cervical paraspinous muscles with myofascial tightness and radiating pain to the left upper extremity. There was mild tenderness over the left shoulder with painful range of motion. Current medications were noted as Norco, Lidocaine patches and Pantoprazole. Treatment plan consists of initial evaluation for functional restoration program (FRP) and the current request for Electromyography (EMG) / Nerve Conduction Velocity (NCV) 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:

NCV bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 261.

Decision rationale: NCV bilateral upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), 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. Furthermore, appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The documentation indicates that the patient had a left carpal tunnel release and left cubital tunnel surgery on 9/3/14 and a right carpal tunnel release and right cubital tunnel surgery on 1/22/15. The documentation reveals some neck pain with radiating pain into the left upper extremity but it is not clear from physical exam documentation if this is radicular in nature. Furthermore, there is no documentation of radicular right upper extremity symptoms. The patient has already had bilateral carpal tunnel release and ulnar nerve surgeries and without clear documentation of radicular pathology in both limbs the request for electrodiagnostic testing is not medically necessary.

EMG bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178 and 261.

Decision rationale: EMG bilateral upper extremity is not medically necessary per the MTUS Guidelines. The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), 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.Furthermore, appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The documentation indicates that the patient had a left carpal tunnel release and left cubital tunnel surgery on 9/3/14 and a right carpal tunnel release and right cubital tunnel surgery on 1/22/15. The documentation reveals some neck pain with radiating pain into the left upper extremity but it is not clear from physical exam documentation if this is radicular in nature. Furthermore, there is no documentation of radicular right upper extremity symptoms. The patient has already had bilateral carpal tunnel release and ulnar nerve surgeries and without clear documentation of radicular pathology in both limbs the request for electrodiagnostic testing is not medically necessary.