

Case Number:	CM15-0137512		
Date Assigned:	09/09/2015	Date of Injury:	06/01/2014
Decision Date:	10/08/2015	UR Denial Date:	07/01/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old female who sustained a work related injury June 1, 2014. Diagnoses are left cervical radiculitis; status post bilateral ulnar nerve transposition with atrophy of muscles along the medial forearm bilaterally; DeQuervain's tenosynovitis; left lateral epicondylitis. According to a treating physician's progress report, dated June 10, 2015, the injured worker presented with throbbing pins and needles pain of the left arm, rated 7 out of 10. Pain is brought on with cooking, lifting, rotating wrists, holding items and better with resting. She reports the pain is about the same. Current medication included Nortriptyline, Gabapentin, Anaprox, and Lidoderm. Sensory examination revealed decreased sensation in the left C7-C8 distribution. There is weakness in the interossei muscle which is 5- 5 on the left side. Deep tendon reflexes are bilateral and equal and symmetric. Tinel's test is positive over the left wrist and cubital fossa. Treatment plan included scheduling an authorized transforaminal epidural steroid injection at C7-C8, and a notation she has not had the cervical MRI and EMG-Nerve conduction studies previously requested. At issue, is the request for bilateral upper extremity EMG-NCV studies. A request for authorization, dated December 10, 2014, requests bilateral upper extremity EMG-NCV (electromyogram- nerve conduction velocity) with a documented diagnosis of cervical radiculopathy. According to utilization review performed July 1, 2015, the request for EMG-NCV bilateral upper extremities is modified to approve NCV for the left upper extremity only.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 272.

Decision rationale: According to the guidelines, EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant has decreased sensation in the C8 distribution, a positive Tinel's signs and history of epicondylitis and DeQuervain's. There was already a history of ulnar nerve transposition and an MRI was ordered of the cervical spine at the time of the NCV request. The NCV of the right arm is not necessary to further delineate the findings and is not medically necessary.

EMG (electromyography) of Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,272.

Decision rationale: According to the guidelines, EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. An EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. In this case, the claimant has decreased sensation in the C8 distribution, a positive Tinel's signs and history of epicondylitis and DeQuervain's. There was already a history of ulnar nerve transposition and an MRI was ordered of the cervical spine at the time of the EMG request. The EMG of the left arm is not necessary to further delineate the findings and is not medically necessary.

EMG (electromyography) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 272.

Decision rationale: According to the guidelines, EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. An EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. In this case, the claimant has decreased sensation in the C8 distribution, a positive Tinel's signs and history of epicondylitis and DeQuervain's. There was already a history of ulnar nerve transposition and an MRI was ordered of the cervical spine at the time of the EMG request. The EMG of the right arm is not necessary to further delineate the findings and is not medically necessary.