

Case Number:	CM15-0140374		
Date Assigned:	07/30/2015	Date of Injury:	02/04/2014
Decision Date:	08/28/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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 28 year old male, who sustained an industrial injury on 2-4-14. He has reported initial complaints of a right elbow injury. The diagnoses included right elbow pain, right medial and lateral epicondylitis and right ulnar neuropathy. Treatment to date has included medications, activity modifications, splinting, bracing, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 7-13-15, the injured worker complains of right elbow pain status post ulnar nerve decompression on 9-9-14. He continues to have pain and numbness in the ulnar side. The physical exam reveals that the incisions are clean, dry and intact. He has positive Tinel's, cubital pain and pain into the thumb. The impression of the physician was status post ulnar nerve decompression with continued pain and neurologic symptoms in other nerve distributions. The physician requested treatment included electromyography (EMG) -nerve conduction velocity studies (NCV) of the Right Upper Extremity as his nerve decreased in sensation and his symptoms are now consistent with ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter and pg 38.

Decision rationale: According to the guidelines, 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. 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 had ulnar nerve decompression and exam shows a Tinel's signs with decreased sensation in the right upper extremity. The pain is also consistent with epicondylar symptoms. The history and exam are consistent and the EMG. NCV is not medically necessary to plan future intervention or alter management.