

Case Number:	CM15-0191829		
Date Assigned:	10/05/2015	Date of Injury:	10/14/2012
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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 59 year old female who sustained an industrial injury on 10-14-2012. A review of medical record indicated the injured worker is being treated for status post left carpal tunnel release, status post left elbow ulnar nerve transposition, and right ulnar nerve neuritis-cubital tunnel. Medical records dated 9-8-2015 noted left elbow improvement since her last visit. She rated her pain a 4 out of 10 on the visual analog scale. She reports that symptoms are made worse by range of motion of the joint and alleviated by NSAIDS. Pain was associated with limited range of motion of the joint. There was ongoing numbness in the right fourth and fifth digits. Physical examination noted some tenderness over the thenar eminence. Sensation had improved her on care throughout the fingers, in the ulnar and median nerve distributions. Right elbow had no ulnar nerve subluxation but positive Tinel sign over the area. She had some decrease 2 point discrimination in the ulnar distribution of her right hand. Treatment has included surgery and NSAIDS since 2-2015. Utilization review form dated 9-23-2015 noncertified NCV of the right upper extremity and EMG of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: 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. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy except for some numbness. There are no motor deficits. There is no rationale about why testing is requested for a chronic condition or how it will change management. All rationale noted concerns potential cubital tunnel syndrome. EMG is not medically necessary.

NCV (nerve conduction velocity) test of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Radial Nerve Entrapment, Summary.

Decision rationale: 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 radial nerve entrapment/cubital tunnel syndrome. There is no change in physical exam. Patient has noted chronic pain and only noted numbness with no motor involvement. There is no documentation of attempted conservative care on the right limb provided (all care noted concern left limb). NCV of right upper extremity is not medically necessary.