

Case Number:	CM15-0217728		
Date Assigned:	11/09/2015	Date of Injury:	05/26/2011
Decision Date:	12/29/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/05/2015

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

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 66-year-old male who sustained an industrial injury on 5-26-2011 and has been treated for right elbow and wrist strain, and he is status post right elbow fracture. Previous diagnostic studies are not evidenced in the provided records, but the physician has requested authorization for an MRI of the right upper extremity. On 9-21-2015, the injured worker reported right elbow pain with a VAS rating of 6-7 out of 10, localized in the lateral aspect of the joint line over the radial head, and described as sharp. Motion of the elbow and repetitive use of the right arm are noted to aggravate the symptoms. He also had been experiencing right handed weakness and difficulty with gripping objects, and sharp right wrist pain located over the volar wrist. Objective findings include "slight" swelling over the lateral aspect of the elbow and olecranon, no redness, and range of motion was painful from 3 degrees. Flexion was noted as 120 degrees, supination 80, pronation 90, and there was tenderness to palpation of the lateral joint line. He also exhibited a positive cubital tunnel Tinel's test. The right wrist was also stated to have a positive Phalen's and Tinel's test, weakly positive Finkelstein's test, and grip strength was 4+ out of 5. Documented treatment includes Diclofenac ER. The treating physician's plan of care includes a request for electromyography and nerve conduction velocity test for the right upper extremity "to assess for the cause of right upper extremity weakness." This was non-certified on 10-13-2015. Current work status is "retired."

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: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with right elbow pain and right hand weakness. His right wrist pain is localized to the volar wrist. The request is for EMG/NCV OF THE right upper extremity. The request for authorization form is not provided. Patient's assessments include right elbow strain; right wrist strain; status post right elbow fracture. Physical examination of the right elbow reveals slight swelling appreciated over the lateral aspect of the elbow. There is slight swelling over the olecranon as well. Range of motion is painful. Tender to palpation, lateral joint line. Mildly tender medial joint line. Mildly tender over the tip of the olecranon. Cubital tunnel Tinel's is positive. Exam of right wrist reveals slight atrophy of the thenar eminence. Phalen's and Tinel's are positive. Finkelstein's weakly positive. Patient's medications include Atorvastatin, Glipizide, Lisinopril, Metformin, Aspirin, Diclofenac, and Omeprazole. Per progress report dated 09/24/15, the patient is retired and P&S. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 09/24/15, treater's reason for the request is "to evaluate for etiology of right upper extremity weakness." In this case, the patient continues with right upper extremity pain. Review of provided medical records show no evidence that the patient has had a prior EMG/NCV of the right Upper Extremity study done. Therefore, the request IS medically necessary.