

Case Number:	CM15-0032495		
Date Assigned:	02/26/2015	Date of Injury:	06/05/2013
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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 39 year old female, who sustained an industrial injury on June 5, 2013. The diagnoses have included elbow sprain and strain, elbow tenosynovitis, injury of the elbow, right elbow lateral epicondylitis, medical epicondylitis and right ulnar neuropathy. Treatment to date has included physical therapy, medication, chiropractic therapy and home exercise program. Currently, the injured worker complains of right shoulder pain which she describes as constant and sharp. She reports intermittent numbness of the right hand and reports that the pain is worse with overhead motions. Her pain is rated a 7 on a 10 point scale and relieved with medications. On examination, she has pain to palpation of both epicondyles and flexor and extensor compartments of the forearm. She has a positive Tinel's sign and positive resistive flexion and extension of the right wrist. Her right shoulder is tender to the external and anterior aspects and has a positive impingement sign. On February 11, 2015 Utilization Review non-certified a request for EMG/NCS of the right upper extremity, noting that the injured worker has chronic pain and there are no prior medical records for review to determine past treatment including whether the test was performed in the past. There is no documentation of prior examinations or failure of conservative care with splinting. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of EMG/NCS 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:

NCS Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Carpal tunnel syndrome, NCS.

Decision rationale: The patient was injured on 06/05/15 and presents with right shoulder pain and right elbow pain. The request is for a NCS OF THE RIGHT UPPER EXTREMITY to determine ulnar nerve level entrapment. The utilization review denial rationale is that there are no prior medical records for review to determine past treatment including whether this has been performed in the past. There is no documentation of prior exams. There is no documentation of failure of conservative care with splinting. There is no RFA provided and the patient can return to regular work on 02/04/15. For NCV of the bilateral upper extremities, the ACOEM Guidelines page 260 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines have the following regarding EDX and Carpal Tunnel Syndrome, recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. There are no prior NCS testing provided in the medical file. She has intermittent numbness of the right hand and pain is worsened with overhead motions. The patient has pain to palpation of both epicondyles and flexor and extensor compartments of the forearm. She has a positive Tinel's sign and positive resistive flexion and extension of the right wrist. Her right shoulder is tender to the external and anterior aspects and has a positive impingement sign. Given that the patient continues to have cervical spine radiculopathy has not had a prior NCS of the upper extremity, the request IS medically necessary.

EMG Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, Electrodiagnostic studies (EDS).

Decision rationale: The patient was injured on 06/05/15 and presents with right shoulder pain and right elbow pain. The request is for an EMG OF THE RIGHT UPPER EXTREMITY to determine ulnar nerve level entrapment. The utilization review denial rationale is that there are no prior medical records for review to determine past treatment including whether this has been performed in the past. There is no documentation of prior exams. There is no documentation of failure of conservative care with splinting. There is no RFA provided and the patient can return

to regular work on 02/04/15. For EMG of the upper extremities, the ACOEM Guidelines page 260 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. There is no prior EMG testing provided in the medical file. She has intermittent numbness of the right hand and pain is worsened with overhead motions. The patient has pain to palpation of both epicondyles and flexor and extensor compartments of the forearm. She has a positive Tinel's sign and positive resistive flexion and extension of the right wrist. Her right shoulder is tender to the external and anterior aspects and has a positive impingement sign. Given that the patient continues to have cervical spine radiculopathy has not had a prior EMG of the upper extremity, the request IS medically necessary.