

Case Number:	CM15-0039250		
Date Assigned:	03/09/2015	Date of Injury:	08/07/2013
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 was a 41 year old female, who sustained an industrial injury, August 7, 2013. The injury was sustained by falling backwards and landing on the left shoulder and left knee. According to progress note of January 27, 2015, the injured workers chief complaint was left knee and left arm pain. The left shoulder was much improved with only minimal soreness. The left arm pain radiated to the fourth and fifth digits. The physical exam noted a positive Tinel's test at the cubital tunnel. The injured worker was diagnosed with left shoulder slap and labral tear and repair, left knee and left arm pain. The injured worker previously received the following treatments injections, MRI of the left shoulder, physical therapy, left shoulder surgery on February 2, 2014. The treatment plan included EMG/NCV (electromyography/nerve conduction velocity studies) of the left upper extremity, due to positive Tinel's test with numbness of the left fourth and fifth digits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Study on left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 227-245. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS); Elbow, Tests for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: ACOEM 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. However ODG states in regards to cubital tunnel diagnosis; Under study. One test for cubital tunnel syndrome, ulnar motor nerve conduction velocity at the elbow, is reported to have high specificity and low sensitivity. Insufficient data exists to allow firm evidence-based conclusions regarding the effectiveness of any tests for cubital tunnel syndrome, as the evidence base is small and heterogeneous. Diagnosis may be made by symptoms."While it is increasingly common for an EMG/NCV to be used for diagnosis of cubital tunnel there is inadequate evidence to suggest its efficacy and the recommendation is for physical-clinical diagnosis. As such the request for NCV of the left elbow is deemed not medically necessary.

Electromyography of left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 227-245. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS); Elbow, Tests for cubital tunnel syndrome (ulnar nerve entrapment).

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