

Case Number:	CM15-0089829		
Date Assigned:	05/14/2015	Date of Injury:	01/07/2015
Decision Date:	07/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii
 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 35 year old female who sustained a repetitive industrial injury on 01/07/2015. The injured worker was diagnosed with right lateral epicondylitis and bilateral upper extremity paresthesias with probable carpal tunnel syndrome. Treatment to date includes diagnostic testing, work modifications, physical therapy, tennis elbow strap, medications and night wrist splint. According to the primary treating physician's progress report on April 7, 2015, the injured worker continues to experience right lateral elbow pain, numbness and tingling of both hands involving the long, ring and small fingers. Examination demonstrated full range of motion of the hands, wrists and elbows with a full composite grip. There is a bilateral negative Tinel's over both cubital and carpal tunnels. The ulnar nerves are stable in the ulnar grooves. There is tenderness to palpation over the right lateral epicondyle with positive provocative testing for epicondylitis but no signs of radial tunnel syndrome. A positive elbow flexion test was documented bilaterally. Currently the injured worker is not taking any medications due to pregnancy. Treatment plan consists of modified duties, stretching and the current request for bilateral upper extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. 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 ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the right elbow, accompanied with tingling and numbness of the bilateral hands. The current request is for EMG left upper extremity. The treating physician report dated 4/7/15 (10B) states, "I am going to send the patient for electrodiagnostic studies to determine if she does have findings of cubital tunnel syndrome." The ACOEM guidelines state, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided, do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with right lateral elbow pain accompanied with numbness and tingling in the bilateral hands and fingers and that has persisted for longer than 3-4 weeks. Furthermore, the treating physician has documented the medical necessity to determine if the patient has cubital tunnel syndrome. The current request is medically necessary.

NCV left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. 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 ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the right elbow, accompanied with tingling and numbness of the bilateral hands. The current request is for EMG left upper extremity. The treating physician report dated 4/7/15 (10B) states, "I am going to send the patient for electrodiagnostic studies to determine if she does have findings of cubital tunnel syndrome." The ACOEM guidelines state, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided, do not show that the patient has received prior

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Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007). 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 ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

Decision rationale: The patient presents with pain affecting the right elbow, accompanied with tingling and numbness of the bilateral hands. The current request is for EMG left upper extremity. The treating physician report dated 4/7/15 (10B) states, "I am going to send the patient for electrodiagnostic studies to determine if she does have findings of cubital tunnel syndrome." The ACOEM guidelines state, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided, do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with right lateral elbow pain accompanied with numbness and tingling in the bilateral hands and fingers and that has persisted for longer than 3-4 weeks. Furthermore, the treating physician has documented the medical necessity to determine if the patient has cubital tunnel syndrome. The current request is medically necessary.

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