

Case Number:	CM14-0121950		
Date Assigned:	09/16/2014	Date of Injury:	08/01/2013
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32-year-old female who has submitted a claim for sprain and strain of left upper extremity associated with an industrial injury date of 08/01/2013. Medical records from 12/05/2013 to 08/29/2014 were reviewed and showed that patient complained of left upper extremity pain graded 3-8/10 with no associated numbness or tingling. Physical examination revealed tenderness over delto-pectoral groove, supraspinatus insertion, carpal bones, and thenar and hypothenar eminence, decreased shoulder and wrist ROM, weakness over left upper extremity muscles, hypesthesia along C5, C6, C7, C8, and T1 dermatomal distribution, and intact DTRs. EMG/NCV of upper extremities dated 07/29/2014 revealed left ulnar polyneuropathy versus left-sided cervical radiculopathy and early cubital tunnel syndrome. X-ray of the left wrist dated 06/23/2014 revealed ganglion or synovial cyst at the palmar aspect of the distal radius and ulnar aspect of pisiform and triquetral bones. Treatment to date has included physical therapy, acupuncture, and pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments. A utilization review dated 07/28/2014 modified the request for EMG/NCV to EMG/NCV to the left upper extremity as the physical findings are unilateral in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238; 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: According to page 238 of the ACOEM Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. The ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of left upper extremity pain with no associated numbness or tingling. Physical examination findings include weakness over left upper extremity muscles, hypesthesia along C5, C6, C7, C8, and T1 dermatomal distribution, and intact DTRs. However, the patient's clinical manifestations were inconsistent with focal neurologic deficit or symptoms of neuropathy to warrant EMG/NCV study. Of note, EMG/NCV of upper extremities was done on 07/29/2014 which revealed left ulnar polyneuropathy versus left-sided cervical radiculopathy and early cubital tunnel syndrome. It is unclear as to why a repeat EMG/NCV study is needed. Therefore, the request is not medically necessary and appropriate.