

Case Number:	CM14-0124466		
Date Assigned:	08/11/2014	Date of Injury:	09/13/2013
Decision Date:	10/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 45 years old male with an injury date on 09/13/2013. Based on the 05/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post left elbow biceps tendon repair, 12/06/2013. 2. Left upper extremity dorsal sensory radial nerve neuropathy. 3. Right elbow biceps tendinosis. According to this report, the patient complains of left elbow pain with continued numbness in the distal forearm. Numbness in the proximal forearm has improved. Mild tenderness is noted along the biceps tendon attachment and radial tuberosity. Decreased sensation is noted along the dorsal distal forearm and dorsal hand at the 1st web space. The 03/18/2014 report reveals Tinel's sign is positive on the left. Decreased sensation is noted along the dorsal radial index finger and thumb. There were no other significant findings noted on this report. The utilization review denied the request on 07/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/21/2014 to 06/17/2014.

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 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 05/27/2014 report by the treating physician, this patient presents with left elbow pain with continued numbness in the distal forearm. The treating physician is requesting EMG of the left upper extremity. The utilization review denial letter state "The objective findings on examination do not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change and absence of radiculopathy." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. Review of reports do not show any evidence of EMG of the upper extremity being done in the past. In this case, the patient presents with numbness and decreased sensation in the upper extremity. The requested EMG of the Left Upper Extremity appears reasonable. Therefore, the request is medically necessary.