

Case Number:	CM14-0162934		
Date Assigned:	10/08/2014	Date of Injury:	05/01/2013
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/03/2014

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 & 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:

According to the records made available for review, this is a 43-year-old male with a 5/1/13 date of injury and status post right distal biceps tendon repair on 9/26/13. At the time (9/18/14) of request for authorization for NCS of the bilateral upper extremities, there is documentation of subjective (moderate pain at the anterior right elbow with persistent numbness at the dorsal right forearm, some weakness of the right hand, and decreased strength with right grip) and objective (negative Tinel's sign at the right carpal tunnel and equivocal Phalen's test for some tingling in the fingers) findings, current diagnoses (right biceps rupture status post repair, chronic right arm pain, and right carpal tunnel syndrome), and treatment to date (physical therapy, steroid injection to the wrist, and medications). Medical report identifies a request for repeat NCS of the bilateral upper extremities. In addition, medical reports identify a previous NCS of the bilateral upper extremities performed on 5/22/14. There is no documentation of an interval injury or progressive neurologic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177, 33. Decision based on Non-MTUS Citation Nerve Conduction Velocity Studies (http://www.aetna.com/cpb/medical/data/500_599/0502.html)

Decision rationale: MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of right biceps rupture status post repair, chronic right arm pain, and right carpal tunnel syndrome. In addition, there is documentation of a previous NCS of the bilateral upper extremities performed on 5/22/14. In addition, there is documentation of failure of conservative treatment. However, despite documentation of subjective (moderate pain at the anterior right elbow with persistent numbness at the dorsal right forearm, weakness of the right hand, and decreased strength with right grip) and objective (negative Tinel's sign at the right carpal tunnel and equivocal Phalen's test for some tingling in the fingers) findings, there is no documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for NCS of the bilateral upper extremities is not medically necessary.