MAXIMUS Federal Services

Case Number:	CM14-0164989		
Date Assigned:	10/10/2014	Date of Injury:	04/23/2013
Decision Date:	11/14/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine 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 53 year old female who was injured on 04/23/2013 due to a cumulative trauma; prior treatment history has included Meloxicam, and cortisone injection into the left shoulder and left elbow; and physical therapy. The patient underwent left elbow surgery on 03/05/2014, which she felt was not helpful. Orthopedic evaluation dated 09/04/2014 documented the patient to have complaints of constant pain in the left shoulder radiating to the arm and constant pain in the left elbow radiating to the left hand. On exam, range of motion of the left shoulder to be limited with flexion to 90; extension to 30 degrees; abduction to 90 degrees; adduction to 25 degrees; external rotation to 20 degrees and internal rotation to 65 degrees. She had tenderness to palpation over the anterolateral aspects of the left shoulder. She had a positive impingement sign. The left elbow revealed tenderness over the epicondyle. Tinel's testing was positive and range of motion was limited with flexion to 120 degrees; extension to 5 degrees; pronation to 60 degrees and supination to 70 degrees. There was also weakness to the left shoulder with weakness. She had decreased sensation as well. She was diagnosed with tendonitis impingement syndrome of the left shoulder with probable rotator cuff dysfunction and status post apparent ulnar nerve decompression surgery, left elbow, with residual or recurrent cubital tunnel syndrome. She was recommended for an EMG/NCV of the bilateral upper extremity to assess ulnar nerve entrapment neuropathy. Prior utilization review dated 09/16/2014 states the request for EMG Left Upper Extremity; NCV Right Upper Extremity; NCV Left Upper Extremity; and EMG Right Upper Extremity is denied as there is no documented evidence of dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostics and treatment Page(s): 177-178.

Decision rationale: According to MTUS guidelines, EMG and NCV "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks." In this case a request is made for bilateral upper extremity EMG and NCV to assess for ulnar nerve entrapment neuropathy for a 53-year-old female injured on 4/23/13 status post left ulnar transposition surgery on 3/5/14 with chronic upper extremity complaints. However, provided symptoms and examination findings do not support right upper extremity ulnar entrapment neuropathy. Further, records do not establish significant interval change in symptoms or findings since the patient's left ulnar transposition surgery. Operative report and prior diagnostic studies are not provided. Medical necessity is not established.

NCV Right Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostics and treatment Page(s): 177-178.

Decision rationale: According to MTUS guidelines, EMG and NCV "may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks." In this case a request is made for bilateral upper extremity EMG and NCV to assess for ulnar nerve entrapment neuropathy for a 53-year-old female injured on 4/23/13 status post left ulnar transposition surgery on 3/5/14 with chronic upper extremity complaints. However, provided symptoms and examination findings do not support right upper extremity ulnar entrapment neuropathy. Further, records do not establish significant interval change in symptoms or findings since the patient's left ulnar transposition surgery. Operative report and prior diagnostic studies are not provided. Medical necessity is not established.

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