

Case Number:	CM14-0182667		
Date Assigned:	11/07/2014	Date of Injury:	04/09/2013
Decision Date:	12/17/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported an injury on 04/09/2013. The injured worker's treatment history included right carpal tunnel release, physical therapy, occupational therapy, and electrodiagnostic studies. The injured worker was evaluated on 09/22/2014 and it was documented that the injured worker was being treated for right carpal tunnel syndrome and right elbow epicondylitis that underwent surgical intervention on 03/03/2014. She also suffers from right shoulder impingement syndrome. When she last seen on 07/30/2014, she was noted to have increasing symptoms of what she described as paresthesias in her hand. This was felt to be a recurrence of her preoperative symptoms. The injured worker indicated that only a nerve conduction study was performed by [REDACTED]. The injured worker continues to complain of right shoulder discomfort, as well as paresthesias in the median nerve distribution of the right hand. The injured worker had undergone an electrodiagnostic study, unofficial, dated 09/11/2014, that revealed normal median nerve function, normal ulnar nerve function, elbow and wrist, and normal brachial plexus function. Physical examination of the right shoulder range of motion with forward elevation of 150 degrees, passive elevation of 160 degrees, external rotation to 50 degrees, and internal rotation to the lower lumbar spine. Positive Hawkins and Neer's test. Rotator cuff strength was 5/5. The right elbow revealed a well healed surgical incision consistent with the lateral epicondylectomy with minimal tenderness to palpation. The right hand and wrist revealed well healed surgical incision consistent with carpal tunnel release. Negative Phalen's and Tinel's test. 2 point discrimination appears to be intact despite the injured worker's complaints of paresthesias in the median nerve distribution. Jamar grip strength measurements showed 4/4/4 kg on the right and 14/16/14 kg on the left. Diagnoses included status post right carpal tunnel release with right elbow lateral epicondylectomy and extensor carpi radialis brevis release, performed 03/03/2014; subjective complaints of postoperative

paresthesias; however, with normal nerve conduction studies, status postsurgical intervention; and right shoulder impingement syndrome. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) right upper extremity and nerve conduction velocity (NCV) of the right upper extremity: Upheld

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 ODG Carpal Tunnel Syndrome, Electromyography (EMG), Pain: Electrodiagnostic testing (EMG/NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nerve Conduction Study, Neck and Upper Back

Decision rationale: The request for an electromyogram (EMG) right upper extremity and nerve conduction velocity (NCV) of the right upper extremity is non-certified. California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG of the upper extremity. California MTUS/ACOEM state that 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 Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and metanalysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVS. The included medical documents lack evidence of the injured worker's failure of conservative treatment. The injured worker had undergone an electrodiagnostic study, unofficial, dated 09/11/2014, that revealed normal median nerve function, normal ulnar nerve function, elbow and wrist, and normal brachial plexus function. The injured worker was not presented as having radiculopathy. The objective findings on examination did not include evidence of neurologic dysfunction, such as sensory, reflex, or motor system change. There is no clinical examination done in presenting with comparison of findings prior to the stated surgical procedures, and the findings present at this time to warrant the requested electrodiagnostic studies. As such, the request for electromyogram (EMG) right upper extremity and nerve conduction velocity (NCV) of the right upper extremity is not medically necessary.

