

<b>Case Number:</b>	CM14-0183595		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 and is licensed to practice in Minnesota. 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 64 year old male with a history of crush injury to the left arm, wrist, hand, and fingers on 2/15/2010. He sustained traumatic amputation of a portion of the fourth finger and underwent open reduction internal fixation of a fracture of the third finger. He has a fused distal interphalangeal joint of the third finger .When seen on 9/15/2014 he was complaining of 3/10 pain in the left arm. There was intermittent numbness and stiffness in the hand. He was taking Ibuprofen and Famotidine. On examination of the left arm pronation was 80 degrees and supination 80 degrees. Flexion of the wrist was 60 degrees and extension 60 degrees. Radial deviation was 20 degrees and ulnar deviation also 20 degrees. There was a Tinel's sign over the left ulnar nerve at the cubital tunnel. No intrinsic muscle atrophy was documented. Sensation in the left hand was not tested. Specific testing for carpal tunnel syndrome was not documented. Mild tenderness was noted over the proximal interphalangeal joint of the fourth finger. No loss of motion of the finger was reported. The disputed issues pertain to a request for labs including CBC, Chem-8, CPK, CRP, Hepatic panel, and an Arthritis panel. Other issues pertain to a request for EMG and Nerve Conduction studies of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs-CBC, Chem 8, CPK, CRP, Hepatic Panel, Arthritis Panel: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 to 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pain. Topic: NSAIDs

**Decision rationale:** The package inserts for all NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver function and renal function tests. The exact frequency of the monitoring is not established. Guidelines recommend the lowest possible dose should be used for the shortest period of time. Long term use of NSAIDs for osteoarthritis is not recommended. Blood pressure monitoring is also advised. GI risk factors have been established. NSAIDs are contraindicated in the presence of cardiovascular and renovascular disease Evidence based guidelines encourage the use of acetaminophen for osteoarthritis pain. The request for laboratory testing as stated exceeds the above listed recommendations for monitoring NSAIDs and as such is not medically necessary.

**EMG Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18,19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Elbow Topic: Surgery for cubital tunnel syndrome

**Decision rationale:** Based upon the available documentation the electromyography is requested for evaluation of the cubital tunnel syndrome. The examination findings of localized tenderness over the ulnar nerve at the cubital tunnel and the Tinel's sign are sufficient to make a diagnosis for a trial of conservative treatment. This includes use of an elbow pad, no leaning on the elbow, avoidance of prolonged hyperflexion of the elbow, a night splint preventing elbow flexion, and giving it at least 3 months. However, if conservative treatment is not effective a nerve conduction study is recommended to confirm the site of entrapment before surgery. This includes stimulation above and below the elbow to document slowing in the cubital tunnel. Needle electromyography is generally not necessary and is not recommended per guidelines. However, it may be necessary if there is a question of cervical radiculopathy or if the ulnar nerve entrapment is severe and there is marked atrophy of the first dorsal interosseous muscle. Based upon the documentation provided, the request for electromyography is not medically necessary per guidelines.

**NCV Left Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18, 19, 36, 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Elbow Topic: Surgery for Cubital Tunnel Syndrome

**Decision rationale:** The documentation provided indicates localized tenderness and a positive Tinel's sign over the ulnar nerve at the cubital tunnel. Although the clinical diagnosis is sufficient for conservative treatment, a nerve conduction study may be necessary to confirm the location of entrapment in the cubital tunnel before surgery. This should include stimulation above and below the elbow to document slowing of nerve conduction in the cubital tunnel. The requested nerve conduction study is therefore appropriate and medically necessary per guidelines.