

Case Number:	CM14-0097240		
Date Assigned:	09/16/2014	Date of Injury:	10/28/2010
Decision Date:	10/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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 31 year old female with a date of injury on 10/28/2010. The patient is status post right cubital tunnel release on 8/9/11 and left release on 1/31/14. Subjective complaints are of cramping, and tingling in both hands that radiated up to the neck that is worsening. Physical exam shows tenderness at elbow surgical sites, and full range of motion in the hands and wrists with intact sensation and motor exam. Medications include Voltaren, Protonix, and Ultram. The patient has been attending physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182; 213; 261, 269.

Decision rationale: ACOEM guidelines suggest EMG/NCV as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not

recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence shows possible cervical root symptoms versus carpal tunnel or cubital tunnel syndrome. Electrodiagnostic studies could be helpful in identifying the source of pathology. Therefore, the request for upper extremity electrodiagnostic studies is medically necessary.

Electromyography of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182; 213; 261, 269.

Decision rationale: ACOEM guidelines suggest EMG/NCV as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence shows possible cervical root symptoms versus carpal tunnel or cubital tunnel syndrome. Electrodiagnostic studies could be helpful in identifying the source of pathology. Therefore, the request for upper extremity electrodiagnostic studies is medically necessary.

Nerve Conduction Velocity of right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182; 213; 261, 269.

Decision rationale: ACOEM guidelines suggest EMG/NCV as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and

other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence shows possible cervical root symptoms versus carpal tunnel or cubital tunnel syndrome. Electrodiagnostic studies could be helpful in identifying the source of pathology. Therefore, the request for upper extremity electrodiagnostic studies is medically necessary.

Nerve Conduction Velocity of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182; 213; 261, 269.

Decision rationale: ACOEM guidelines suggest EMG/NCV as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective evidence shows possible cervical root symptoms versus carpal tunnel or cubital tunnel syndrome. Electrodiagnostic studies could be helpful in identifying the source of pathology. Therefore, the request for upper extremity electrodiagnostic studies is medically necessary.