

Case Number:	CM14-0159266		
Date Assigned:	10/02/2014	Date of Injury:	07/05/2001
Decision Date:	02/25/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 60 year-old female with a 7/05/2001 date of injury. According to the 8/27/14 orthopedic report, the patient presents with bilateral upper extremity complaints. She has had prior cubital tunnel release and radial tunnel release on the right. And cubital tunnel release on the right. The physician requested NCS/EMG for evaluation of left radial tunnel and ulnar nerves. There are not reports available that discuss necessity for bilateral upper extremity EMG or NCV. On 9/12/14 utilization review modified a request for EMG/NCV of the bilateral upper extremities to allow the NCV only, as the patient is anticipating surgery for ulnar nerve release and possible radial nerve issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography) study of the 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 (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The surgeon notes persistent symptoms in the left arm and believes the patient is a candidate for further surgery. MTUS/ACOEM guidelines recommends electrodiagnostic studies including EMG. The request appears to be in accordance with MTUS/ACOEM guidelines. The request for EMG (Electromyography) study of the left upper extremity is medically necessary.

EMG (Electromyography) study of the right 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 (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient has history of right cubital and radial tunnel release, and was non-tender at the lateral epicondyle and radial tunnel. There is no mention of neck pain or a cervical spine examination. The patient was not reported to be a candidate for further surgery on the right side. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The available reports state the right-sided surgery was beneficial and the patient's symptoms do not persist on the right. California MTUS/ACOEM guidelines do allow for EMG studies if symptoms persist. In this case the reporting does not show the physician has requested an EMG for the right upper extremity and there do not appear to be persistent symptoms following the right-sided radial tunnel release. The request is not in accordance with MTUS/ACOEM guidelines. The request for EMG (Electromyography) study of the right upper extremity is not medically necessary.