

<b>Case Number:</b>	CM14-0190323		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal 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 49 year old female who had her injury on 8/13/14. She was seen by a hand surgeon on 10/16/14 who noted that she had pain in her right hand for the past couple of months that radiated to her shoulder. She had gone to PT and the shoulder pain was better but the right hand pain persisted. She also experienced episodic numbness and stinging of her right hand. Physical exam noted full ROM of the right upper extremity and decreased sensation in her right small finger and right thumb. Also a positive Tinel sign was noted in her cubital tunnel. The surgeon wanted to rule out right cubital tunnel syndrome and sought authorization for right upper extremity EMG. He wanted to rule out a peripheral neuropathy caused by ulnar nerve neuropathy at the elbow joint. However, the UR denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Right Upper Extremity, EMG Right Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 42-43, 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 303, 304, 34.

**Decision rationale:** The MTUS states that EMG may be helpful in identifying subtle, focal neurological dysfunction in patients with lumbar pain more than 3 to 4 weeks. It also states that it is +++ useful in diagnosing disc protrusion and 1+ in the diagnosis of cauda equina, spinal stenosis, or post laminectomy syndrome. The MTUS also states that NCS or EMG may be appropriate in helping to differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Also, EMG should be considered if cervical radiculopathy is suspected as a cause of lateral arm pain on the basis of physical exam and symptoms have been present for at least 6 weeks, deervation atrophy is likely, and conservative treatment has not been effective. In the above patient we note that conservative treatment for 8 weeks has already been attempted and that she is still symptomatic and that the hand surgeon suspects peripheral neuropathy as a cause of the pain. An EMG would rule out such central causes of her pain such as cervical radiculopathy and detect whether or not a peripheral nerve is causative of the symptoms. If her problem is indeed the ulnar nerve being compressed at the elbow then surgery could be curative. Therefore, the UR decision is reversed and it is in the best interest of the patient to have an EMG study of the right upper extremity.