MAXIMUS Federal Services

Case Number:	CM14-0211701		
Date Assigned:	12/24/2014	Date of Injury:	06/20/2001
Decision Date:	02/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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: Orthopedic Surgery, Sports Medicine

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 39-year-old female who reported an injury on 06/20/2001. The mechanism of injury was not specified. Her diagnoses include status post right ulnar nerve transposition surgery, status post right de Quervain's release, right lateral epicondylitis, and mild right carpal tunnel syndrome. The past treatments include narcotic medication, surgical intervention, and anticonvulsant medication. The diagnostic studies were not provided within the documentation. Her surgical history includes a right ulnar nerve transposition and a right de Quervain's release. During a follow-up visit on 11/25/2014, the injured worker presented with ongoing right elbow pain with associated numbness and tingling at night time when her right elbow contacted the bed. The physical examination revealed tenderness along the ulnar elbow, specifically along the ulnar groove. There was evidence of a positive Tinel's sign over the ulnar elbow, resulting in paresthesia radiating down the right ulnar hand and distal forearm. Her medications include Norco. The treatment plan was noted to include a recommendation for an EMG/NCV study of the right upper extremity to rule out right ulnar neuropathy versus other neuropathies. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Tests for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: According to the California MTUS/ACOEM Guidelines, proper testing to localize the abnormality involves a nerve conduction study that includes at least stimulation above and below the elbow. More specifically, the Official Disability Guidelines indicate that an electromyography is not essential when the diagnosis of cubital tunnel syndrome is obvious on clinical examination, as a false test result can be misleading. The medical records indicate the injured worker to have ongoing right elbow pain and there are positive findings of tenderness upon palpation along the right ulnar elbow, particularly along the ulnar groove. She was noted to have a positive Tinel's sign over the ulnar elbow. However, an electromyography is not indicated for a definitive diagnosis of ulnar nerve entrapment. Therefore, the request for an EMG of the right upper extremity is not medically necessary.

NCS Right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26.

Decision rationale: According to the California MTUS/ACOEM Guidelines, proper testing to localize the abnormality involves a nerve conduction study that includes at least stimulation above and below the elbow. The clinical documentation indicates the injured worker reported ongoing right elbow pain and there were objective findings suggestive of ulnar nerve entrapment. Therefore, based on the clinical documentation submitted for review, the request for an NCS of the right upper extremity is medically necessary.