

Case Number:	CM15-0093381		
Date Assigned:	05/19/2015	Date of Injury:	08/11/2014
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 26-year-old male who sustained an industrial injury on 08/11/2014. Diagnoses include right shoulder sprain/strain, right elbow rule-out internal derangement and right elbow soft tissue prominence, medially. Treatment to date has included medications and physical therapy. MRI of the right elbow from 2/9/15 showed no internal derangement and a possible small arteriovenous malformation or aneurysm. According to the progress notes dated 3/19/15, the IW reported right elbow pain, radiating to the hand with numbness and tingling. On examination, there was tenderness to palpation over the anterior and posterior aspect of the right shoulder and the right upper trapezius. The right elbow was also tender to palpation over the lateral epicondyle and medial aspect of the acromioclavicular joint fossa; flexion, extension and pronation were painful. Sensation to light touch was decreased to the right index and middle fingers. A request was made for NCV (nerve conduction velocity) of the right upper extremity and EMG (electromyography) of the right upper extremity for diagnostic purposes due to continued upper extremity symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV Right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, NCV of the right upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms based on radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are right shoulder sprain/strain; right elbow lab internal derangement; and right elbow, soft tissue prominence medially. Subjectively, according to a progress note dated March 20, 2015, the injured worker complains of pain in the right elbow. Pain is increased with range of motion and physical activities. Pain radiates to the hands bilaterally. Objectively, there is an examination of the right shoulder and the right elbow. There are no objective clinical findings of the cervical spine. The right elbow showed tenderness palpation over the lateral condyle immediately. The right shoulder was tender to palpation with a positive NEER's. There are no subjective radicular symptoms of the cervical spine. There are no objective radicular findings of the cervical spine. Consequently, absent clinical documentation with subjective and objective radicular findings of the cervical spine with evidence of cervical radiculopathy, NCV of the right upper extremity is not medically necessary.

EMG Right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG of the right upper extremity is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear,

however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms based on radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are right shoulder sprain/strain; right elbow lab internal derangement; and right elbow, soft tissue prominence medially. Subjectively, according to a progress note dated March 20, 2015, the injured worker complains of pain in the right elbow. Pain is increased with range of motion and physical activities. Pain radiates to the hands bilaterally. Objectively, there is an examination of the right shoulder and the right elbow. There are no objective clinical findings of the cervical spine. The right elbow showed tenderness palpation over the lateral condyle immediately. The right shoulder was tender to palpation with a positive NEER's. There are no subjective radicular symptoms of the cervical spine. There are no objective radicular findings of the cervical spine. Consequently, absent clinical documentation with subjective and objective radicular findings of the cervical spine with evidence of cervical radiculopathy, EMG of the right upper extremity is not medically necessary.