

Case Number:	CM13-0049805		
Date Assigned:	12/27/2013	Date of Injury:	03/16/2004
Decision Date:	01/27/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Emergency 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 injured worker is a 56 year-old female, who sustained an injury on Mrch 16, 2004. The mechanism of injury occurred from repeatedly lifting boxes. Diagnostics have included: November 1, 2012 cervical MRI reported as showing diffuse disc bulging and fusion. Treatments have included: 2005 cervical fusion, 2010 left carpal tunnel release, physical therapy, medications. The current diagnoses are: cervical spondylosis, s/p cervical fusion, s/p left carpal tunnel release. The stated purpose of the request for Electromyography/Nerve Conduction Velocity Left Upper Extremity was to evaluate ulnar neuropathy. The request for Electromyography/Nerve Conduction Velocity Left Upper Extremity was denied on September 13, 2013, citing a lack of documentation of positive neurologic findings. Per the report dated August 27, 2013, the treating physician noted complaints of numbness to the small digits of the left hand. Exam shows mild paraspinous tenderness, normal upper extremity motor strength and sensation with a positive Tinel at the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity left 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 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested Electromyography/Nerve Conduction Velocity Left Upper Extremity is not medically necessary. Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has numbness to the small digits of the left hand. The treating physician has documented mild paraspinous tenderness, normal upper extremity motor strength and sensation with a positive Tinel at the left elbow. Other than a positive elbow Tinel sign, the treating physician has not documented positive neurologic exam findings such as deficits in motor strength or sensation, nor recent physical therapy trials for the left upper extremity. The criteria noted above not having been met, Electromyography/Nerve Conduction Velocity Left Upper Extremity is not medically necessary.