

Case Number:	CM13-0003702		
Date Assigned:	12/13/2013	Date of Injury:	01/23/2013
Decision Date:	03/12/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 52 year-old female, [REDACTED] employee, who injured her left elbow on 1/23/13 from lifting merchandise from the cashier counter and placing into the customer's cart. She had the early diagnosis of left elbow strain, and when she first saw [REDACTED] on 5/6/13, [REDACTED] felt she had left lateral epicondylitis and left CTS. On 6/10/13, [REDACTED] states the left CTS was not accepted. Tinel's was positive at the left cubital tunnel, and Phalen's was positive at the wrist. He requested bilateral upper extremity EMG/NCV and PT 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for treatment of left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

Decision rationale: The patient presents with left elbow and wrist pain. The request is for PT 3x4. MTUS chronic pain guidelines allow for 8-10 PT sessions for various myalgias and neuralgias. The request for 12 sessions of PT will exceed MTUS recommendations.

. EMG for Left Upper Extremity: Overturned

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

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

Decision rationale: The patient presents with left elbow and left wrist pain. There is no mention of cervical spine injury or symptoms. Cervical ROM is full. There is no atrophy or upper extremity atrophy or weakness on physical exam. Tinels was positive at the elbow and Phalens was positive at the wrist. MTUS/ACOEM states: " NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS". EMG may help determine the location or severity of the possible ulnar compression at the ulnar nerve at the cubital tunnel or the median nerve at the carpal tunnel. The request appears to be in accordance with MTUS/ACOEM guidelines.

NCV for Left Upper Extremity: Overturned

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

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

Decision rationale: The patient presents with left elbow and left wrist pain. Tinel's was positive at the elbow and Phalens was positive at the wrist. MTUS/ACOEM guidelines recommend NCS for evaluation of peripheral neuropathy. The request is in accordance with MTUS/ACOEM guidelines.