

Case Number:	CM13-0018320		
Date Assigned:	09/23/2013	Date of Injury:	10/13/2011
Decision Date:	01/27/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 40-year-old male who follows up today regarding his right upper extremity. He has an injury from 10/13/2011 which occurred when he was rearranging a battery charger on a pallet and the battery charger fell off of the pallet estimated to be about 6 inches to the ground. He underwent right distal biceps repair on October 23, 2011. He underwent right carpal tunnel release on August 19, 2012. On physical exam from his physician note it was noted that the patient continued with pain and discomfort. It was discussed about the patient's possibility of right shoulder impingement, and rule out disc herniation in the cervical spine. A request was made on 7/13/13 for a NCS/EMG RUE and an MRI of the right elbow which was denied and is being appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and nerve conduction velocity (NCV) testing of the right upper extremity: Overturned

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, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36, 178.

Decision rationale: EMG/NCV of the right upper extremity is medically necessary per MTUS guidelines. Physical exam findings on 5/13/13 revealed deficits in strength and sensation on the RUE. The patient has had chronic right upper extremity pain despite a right bicep repair, carpal tunnel release. A NCS/EMG may help in evaluating for an underlying cervical radiculopathy causing patient's chronic symptoms. Per MTUS guidelines, electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.

MRI of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, MRI section

Decision rationale: The requested elbow MRI on right is not medically necessary per ODG guidelines. The MTUS guidelines do not specifically address elbow MRI. The documentation submitted shows no evidence of recent plain films of the elbow. The ODG guidelines only recommend an elbow MRI if plain films are nondiagnostic.