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| <b>Case Number:</b>   | CM13-0030770 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 04/14/2010 |
| <b>Decision Date:</b> | 02/21/2014   | <b>UR Denial Date:</b>       | 09/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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 Family Practice and is licensed to practice in Texas. 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. 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 patient is a 43-year-old female who reported an injury on 04/14/2010. The mechanism of injury was not submitted. The patient complained of constant intractable pain in the left elbow that radiates into the left arm and up into the left shoulder. The patient also complained of hypersensitivity to touch in the area of the left elbow and the left forearm. The elbow did show some swelling and purplish discoloration that occurs sometimes in the left elbow area. The patient also reported intermittent pain in the left hand, mostly in the left thumb area. The patient stated frequent pain and numbness of the right elbow and right hand and painful movements of the left shoulder with a burning feeling on the left side of her neck. The initial pain management evaluation report dated 08/23/2013 indicated the patient had decreased grip strength in the left hand at 4/5 and in the right hand at -5/5. The diagnostic impression was weakness, hypersensitivity to touch, pain and numbness of the left elbow/arm, most likely due to CRPS type 1 of the left elbow and left arm; rule out worsening pain of entrapment of left ulnar nerve; status post release of bilateral carpal tunnel syndrome 2012; status post left cubital tunnel release 2012; status post left ulnar nerve transposition on 03/26/2013; and sprain injury, left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The MTUS/ACOEM Guidelines recommends EMG/NCV to detect neurological abnormalities for median or ulnar impingement at the wrist after failure of conservative treatment. No objective clinical documentation was submitted for review indicating functional deficits for the patient, the efficacy of pain medication, or any other conservative treatment the patient may have undergone. The request for EMG/NCV BUE, is not medically necessary and appropriate.

**Annual gym or [REDACTED] membership for daily aquatic therapy RSD LUE:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Gym memberships

**Decision rationale:** The Official Disability Guidelines states that no specific gym membership is recommended unless a home exercise program has not been effective and there is a need for equipment. The patient continued to complain of pain to the upper extremity; however, there was no indication that the patient required equipment for exercise or that a home exercise would be inadequate to improve the patient's functional deficits. Also, the documentation does not indicate that the patient is participating in a home exercise program as recommended by the guidelines. The request for an Annual gym or [REDACTED] membership for daily aquatic therapy RSD LUE, is not medically necessary and appropriate.