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| Case Number: | CM13-0032193 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 07/12/2010 |
| Decision Date: | 02/06/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 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:

The patient is a 28 year old female who reported an injury on 07/12/2010 due to cumulative trauma while performing normal job duties, causing injury to the right elbow and right shoulder. The patient was initially diagnosed with lateral epicondylitis and tennis elbow and was a surgical candidate after a period of conservative therapy to include bracing and injections. However, the patient became pregnant and was unable to undergo surgical intervention until she had completed breast feeding. The patient underwent an electromyography study in 02/2013, which revealed left C5 radiculopathy and evidence of mild bilateral carpal tunnel syndrome. The patient's most recent clinical exam findings included constant right elbow and right shoulder pain rated at an 8/10 to 9/10 with restricted range of motion of the cervical and shoulder and right elbow. The patient had a positive Tinell's and 3/5 muscle strength on the right side with tenderness over the medial and lateral epicondyle of the right elbow. The patient's diagnoses included elbow epicondylitis, right shoulder impingement syndrome, and right hand carpal tunnel syndrome. The patient's treatment plan included an additional electromyography (EMG)/nerve conduction velocity (NCV), MRIs of the elbow, wrist, and shoulder, an elbow brace, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested EMG left upper extremity is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent an EMG of the left upper extremity. California Medical Treatment Utilization Schedule recommends electrodiagnostic studies to determine a patient's pain generator as being radicular or neuropathic in nature. The clinical documentation submitted for review does provide evidence that the patient already underwent an electrodiagnostic study, and that the patient's treatment was disrupted by a pregnancy. As there is no indication in the recent clinical documentation that the patient's presentation has significantly changed since the prior electrodiagnostic studies, additional diagnostic studies would not be supported. As such, the requested EMG left upper extremity is not medically necessary or appropriate.

NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested NCV right upper extremity is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent an EMG of the left upper extremity. California Medical Treatment Utilization Schedule recommends electrodiagnostic studies to determine a patient's pain generator as being radicular or neuropathic in nature. The clinical documentation submitted for review does provide evidence that the patient already underwent an electrodiagnostic study, and that the patient's treatment was disrupted by a pregnancy. As there is no indication in the recent clinical documentation that the patient's presentation has significantly changed since the prior electrodiagnostic studies, additional diagnostic studies would not be supported. As such, the requested NCV of the right upper extremity is not medically necessary or appropriate.

NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

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EMG right upper extremity: Upheld

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