

Case Number:	CM13-0044782		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2009
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 38-year-old female who reported a work-related injury on 01/29/2009 as the result of striking her right wrist. The patient currently presents for treatment of bilateral cubital tunnel syndrome, right lateral epicondylitis, cervical and upper trapezius and myofascial pain, and bilateral medial elbow tendinitis. The clinical note dated 11/25/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to report numbness and tingling to the bilateral hands, and neck symptoms are improved over all. The provider documents upon physical exam of the patient, tenderness about the medial elbows was noted, positive Tinel's sign at bilateral elbows and positive elbow flexion test bilaterally. The provider documents sensory deficit of the ulnar digits bilaterally to the hands. The provider documented weakness of grip strength right greater than left. The provider documented there has been no significant overall change in the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The current request is not supported. The California MTUS/ACOEM indicates for most patients presenting with elbow problems special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. The clinical notes submitted for review document that this patient presents status post a work-related injury of over 4 years time. The clinical notes do not indicate what electrodiagnostic studies or imaging studies the patient has undergone since the date of injury in 01/2009. The clinical notes report the patient utilized 6 sessions of physical therapy and was recommend to utilize bracing; however, documentation of any injection therapy, a medication regimen, or submission of any imaging or electrodiagnostic studies were not submitted for this review. Given that it is unclear the patient's course of treatment since status post her work-related injury as far as imaging or diagnostic studies of the bilateral upper extremities, the request for EMG for left upper extremity is neither medically necessary nor appropriate.

NCS for right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

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