

Case Number:	CM13-0046389		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2004
Decision Date:	05/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 [REDACTED] employee who has filed a claim for lateral epicondylitis associated with an industrial injury of July 30, 2004. Thus far, the patient has been treated with physical therapy, cortisone injections, to the elbow, opioids, and acupuncture. Of note, patient has bilateral carpal tunnel release in 2001. Currently, patient's pain medication includes Tramadol. Review of the progress notes report left elbow pain, weakness, tenderness, and limited range of motion with radiation of pain into the forearm. There is negative Tinel's sign over the cubital tunnel, radial tunnel and pronator wad. There is pain upon resisted dorsiflexion of the wrist. An electrodiagnostic study of bilateral upper extremities was done in October 07, 2013, which noted no radiculopathy, and mild to moderate left carpal tunnel syndrome. MRI of the left elbow performed in July 10, 2013 was consistent with lateral epicondylitis; MRI of the right elbow from July 05, 2013 was consistent also with lateral epicondylitis. Utilization review dated October 04, 2013 indicates that the claims administrator denied a request for EMG/NCV of the left elbow as the most recent report failed to provide objective evidence suggestive of nerve root entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV, LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There is concern regarding radial nerve irritation or entrapment neuropathy at the area above the left elbow. In this case, patient already had a recent electrodiagnostic study from October 2013 that showed no radiculopathy and mild to moderate left carpal tunnel syndrome. There is no significant worsening in patient's symptoms that would necessitate a repeat electrodiagnostic study at this time. Therefore, the request for EMG of the left elbow was not medically necessary per the guideline recommendations of MTUS.

EMG, LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In this case, patient already had a recent electrodiagnostic study from October 2013 that showed no radiculopathy and mild to moderate left carpal tunnel syndrome. There is no significant worsening in patient's symptoms that would necessitate a repeat electrodiagnostic study at this time. Therefore, the request for EMG of the left elbow was not medically necessary per the guideline recommendations of MTUS.