

Case Number:	CM13-0048541		
Date Assigned:	04/04/2014	Date of Injury:	05/31/2012
Decision Date:	07/03/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 applicant has filed a claim for chronic elbow pain reportedly associated with an industrial injury of May 31, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier foot surgery; muscle relaxants; and a TENS unit. An October 1, 2013, progress note was noted for comments that the applicant reported persistent complaints of right elbow and upper extremity pain, 6/10. The applicant also reported foot pain, 6/10. The applicant seemingly stated that ongoing usage of medications, including tramadol, had been beneficial. The applicant exhibited unchanged exam and spasm about the forearm musculature. Electrodiagnostic testing of bilateral upper extremities was sought. It was stated that the applicant had an upper extremity neurologic component which remained refractory to conservative treatment. No diagnosis or differential diagnosis was provided, on this occasion. The applicant was placed off work, on total temporary disability. Naprosyn, Protonix, and Lortab were issued. On September 6, 2013, the attending provided sought authorization for electrodiagnostic testing of the upper extremities to rule out cubital tunnel syndrome. The applicant was again placed off work, on total temporary disability. The applicant was described as having an elbow ulnar neuropathy with positive Tinel's sign and swelling about the right elbow. There was no mention or discussion of any complaints pertaining to the left elbow or left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: While the MTUS-adopted ACOEM Guidelines do support nerve conduction study and possible EMG if severe nerve entrapment is suspected on the basis of physical examination in applicants who have failed to respond favorably to conservative treatment, in this case, however, the applicant is entirely asymptomatic insofar as the left upper extremity is concerned. The applicant's symptoms are apparently confined to the symptomatic right upper extremity. Since partial or conditional certifications are not permissible through the independent medical review process, the request is deemed not medically necessary on the grounds that the applicant has no symptoms or complaints involving the unaffected, unimpacted, contralateral, asymptomatic left upper extremity. Therefore, the request is deemed not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines do recommend nerve conduction testing to confirm a diagnosis of ulnar nerve entrapment in applicants in whom conservative treatment have failed, in this case, however, the applicant's symptoms are confined to the right upper extremity alone. There is no mention, discussion, or suspicion of any symptoms pertaining to the asymptomatic and uninvolved left upper extremity. Since partial or conditional certifications are not permissible through the independent medical review process, the request is deemed wholly not medically necessary.