

Case Number:	CM13-0050603		
Date Assigned:	03/14/2014	Date of Injury:	01/12/2010
Decision Date:	08/08/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 53-year-old female who was reportedly injured on 1/12/2010. The mechanism of injury was noted as repetitive typing and use of both hands and neck. The most recent progress note, dated 7/23/2013 indicated that there were ongoing complaints of bilateral elbow pain left greater than right and bilateral thumb pain. The physical examination demonstrated left elbow positive Tinel's, positive Finkelstein's right/left wrist and positive Tinel's left wrist at carpal tunnel. No recent diagnostic studies were available for review. Previous treatment included bilateral carpal tunnel release, Tylenol and Flexeril. A request had been made for electromyogram of bilateral upper extremities, x-ray of bilateral elbows, psychological mental evaluation, gabapentin 100 mg, nerve conduction studies of bilateral upper extremities and was not certified in the pre-authorization process on 11/6/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The American College of Occupational and Environmental Medicine supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. It was noted in the medical documentation the injured worker has positive Tinnel's at the left elbow. However, given the lack of other substantial objective clinical documentation of a positive neurological exam or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, the EMG Bilateral Upper Extremities is not medically necessary.

X-RAY BILATERAL ELBOWS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES REGARDING X-RAYS OF WRIST.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow (acute and chronic), updated 5/15/2014 radiographs.

Decision rationale: The American College of Occupational and Environmental Medicine supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. It was noted in the medical documentation the injured worker has positive Tinnel's at the left elbow. However, given the lack of other substantial objective clinical documentation of a positive neurological exam or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, the EMG Bilateral Upper Extremities is not medically necessary.

PSYCHOLOGICAL MENTAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 101-102.

Decision rationale: Psychological evaluations are generally accepted, well-established diagnostic procedures, not only with selected use in pain problems but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. After review of the medical documentation provided, there was no discovery of any mention of mental health issues the patient is complaining of in the history or findings in physical examination. Therefore, the Psychological Mental Evaluation is not medically necessary.

GABAPENTIN 100 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20, 49.

Decision rationale: Gabapentin is considered a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there was no objective clinical evidence of neuropathic type pain or radicular pain along a specific dermatome on physical exam or subjectively listed in the history. As such, without any evidence of neuropathic type pain, the Gabapentin 100 MG is not medically necessary.

NCS BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The American College of Occupational and Environmental Medicine supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. It is noted in the medical documentation the injured worker has positive Tinnel's at the left elbow. However, given the lack of other substantial objective clinical documentation of a positive neurological exam or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is considered not medically necessary.