

<b>Case Number:</b>	CM13-0068068		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 07/14/2011. The mechanism of injury was not stated. The patient is currently diagnosed with tendinitis/bursitis, epicondylitis, rotator cuff tear, and cervical degenerative disc disease. The patient was seen by [REDACTED] on 12/04/2013. The patient reported persistent left upper extremity pain. Physical examination revealed sensory loss at L3, L4, and L5. The patient also demonstrated positive Tinel's testing at the left elbow. Treatment recommendations at that time included a repeat EMG/NCV study and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### EMG/NCV OF THE UPPER EXTREMITIES:

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in

patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient has previously undergone EMG/NCV studies. However, the previous reports were not submitted for this review show no evidence of an exhaustion of conservative treatment prior to the request for a repeat electrodiagnostic study. There is no evidence of a significant change or progression of symptoms or physical examination findings. The medical necessity for a repeat electrodiagnostic study has not been established. The request for an EMG/NCV of the upper extremities is not medically necessary and appropriate.

**OMEPRAZOLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. The medical records provided for review does not include documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. Additionally noted, there was no strength, frequency, or quantity listed in the request. The request for Omeprazole is not medically necessary and appropriate.