

Case Number:	CM14-0005595		
Date Assigned:	02/05/2014	Date of Injury:	10/25/2013
Decision Date:	06/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 New York and North Carolina. 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 27 year old right hand dominant woman with left elbow complaints, diagnosed with lateral epicondylitis and ulnar nerve lesion after hitting her left elbow while working as a server. Her providers are requesting left upper extremity EMG and NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (L) UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13, 18.

Decision rationale: The abnormalities on EMG are later findings, typical of more advanced cases. This patient has only had about a month of complaints since injury occurred. EMG might be indicated, but not at this point in her rehabilitation. The request is denied.

NCV/NCS (L) UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13, 18.

Decision rationale: The medical reviewer states that the recommendation already made, approving the NCV. Ulnar neuropathy can be confirmed by site stimulating sites above and below the elbow.