

Case Number:	CM14-0108727		
Date Assigned:	09/16/2014	Date of Injury:	01/02/2003
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, Pain 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 injured worker is a 61 year old female who reported an injury to her right elbow secondary to fracture and dislocation. A clinical note dated 03/12/14 indicated the injured worker previously underwent right sided carpal tunnel release in 2004. A clinical note dated 01/31/14 indicated the injured worker complaining of depression. The injured worker also reported ongoing insomnia. A clinical note dated 05/22/14 indicated the initial injury occurred on 01/02/03 when she slipped and fell on some concrete. The injured worker presented to the emergency room where she underwent x-rays of the right elbow. The injured worker also reported right complaints of pain with the right foot. The injured worker subsequently underwent an EMG of the upper extremities and lower extremities. The injured worker continued with right elbow pain, particularly with movement of the elbow. The injured worker also reported numbness and tingling. Difficulty was identified with lifting and carrying objects. The injured worker also reported pain at both knees, right greater than left. The patient rated the pain as 9/10. Pain was also identified at the right ankle with 7/10 pain on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The injured worker complains of pain at numerous sites, most notably the elbows. The injured worker had positive Tinel sign bilateral both wrists. However, no information was submitted regarding confirmation of advancement of symptoms at the upper extremities. Without this information in place it is unclear if the injured worker would require repeat EMG/NCV repeat electrodiagnostic studies at this time. Given this, the request is not indicated as medically necessary.

REPEAT EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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