

Case Number:	CM14-0013379		
Date Assigned:	06/11/2014	Date of Injury:	06/18/2013
Decision Date:	11/12/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family 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:

This injured worker's date of injury is 08/18/2013. This patient receives treatment for chronic left elbow pain with a diagnosis of medical epicondylitis. The original injury was a hyperextension injury of the left elbow that occurred while loading some boxes of dough. The initial treatment included physical therapy. A cortisone injection followed. The patient received acupuncture and he took tramadol for pain. A left elbow MRI was negative. On exam there is tenderness over the medial and lateral epicondyles.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTING STIMULATOR UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Elbow

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

Decision rationale: The treating physician does not indicate what the neurologic exam is for the patient's upper extremities. The typical symptom of epicondylitis is pain. An NCS may be

medically indicated in the evaluation of a peripheral nerve disorder. The guidelines do not recommend NCS for medial epicondylitis. The NCS is not medically necessary.