MAXIMUS Federal Services

Case Number:	CM14-0014809		
Date Assigned:	02/28/2014	Date of Injury:	07/12/2011
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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 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:

The patient is a 40 year old male who developed persistent right elbow/forearm pain after a strain to that area. DOI 7/12/13. The initial treating Orthopedist did not find signs of cubital tunnel and initially diagnosed pain of unknow origin. On 10/1/13 an MRI was performed in this area and marrow findings consistent with a possible neoplasm was found. This was noted by the treating Dr. at this time and it was recommended he follow up with his PMD. There is no record of follow. A new treating Orthopedist has initiated care and his evaluation states that the prior MRI was normal and there is no mention of the abnormal marrow findings in this anatomic area and there is no mention any medical follow up or diagnosis in association with the MRI findings. Electrodiagnostic studies were requested based on the reporting of a positive tinel's sign over the cubital tunnel region.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTING VELOCITY OF RIGHT UPPER EXTREMITY.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 601-602. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Elbow, Tests for cubital tunnel syndrome (ulner nerve entrapment).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 271-273.

Decision rationale: At this point in time it appears that the physician requesting the electrodiagnostic testing (NCV + EMG) is not aware of or at least has not documented the MRI findings that may be a cause of the pain and may be very serious. Prior to electrodiagnostic studies it is reasonable to expect the MRI findings to be thoroughly vetted and electrodiagnostic studies would not be medically necessary before this happens. ACOEM states that potential "red flag" conditions should be dealt with early in the course of evaluation. Therefore, the request for nerve conducting velocity of right upper extremity is not medically necessary and appropriate.

ELECTROMYOGRAPHY OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic Studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 271-273.

Decision rationale: At this point in time it appears that the physician requesting the electrodiagnostic testing (NCV + EMG) is not aware of or at least has not documented the MRI findings that may be a cause of the pain and may be very serious. Prior to electrodiagnostic studies it is reasonable to expect the MRI findings to be thoroughly vetted and electrodiagnostic studies would not be medically necessary before this happens. ACOEM states that potential "red flag" conditions should be dealt with early in the course of evaluation. Therefore, the request for electromyography of right upper extremity is not medically necessary and appropriate.