

Case Number:	CM14-0135051		
Date Assigned:	08/29/2014	Date of Injury:	07/23/2010
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

7/8/14 PR-2 notes right elbow pain and right shoulder pain. Pain is 8/10 to 6/10. There is also abdomen pain reported. Examination notes right grip is 3/5 with left being 5/5. There is decreased active ROM in the right upper extremity. There is no swelling or edema. The assessment is right shoulder impingement, right shoulder lateral epicondylitis, right carpal tunnel syndrome. 6/12/14 note indicates pain in the right shoulder and elbow. There is limited ROM in the shoulder and elbow. There was crepitation in the shoulder. Strength is intact. 2/7/14 note indicates persistent pain in the right elbow, wrist, and shoulder. There is tenderness of the right shoulder at the glenohumeral joint. There was tenderness over the right cubital fossa with positive tinell's sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) of the right upper arm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (updated 02/18/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - neck, ncv.

Decision rationale: The medical records indicate progressive neurologic deficits with note of weakness now being demonstrated in the right grip with previous h/o pain and positive Tinel's sign. The findings may be peripheral or central in origin and as such ODG supports NCV to guide diagnosis and prognosis. ODG reports NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam.

Electromyography (EMG) of the right upper arm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (updated 02/18/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, EMG.

Decision rationale: The medical records indicate progressive neurologic deficits with note of weakness now being demonstrated in the right grip with previous h/o pain and positive Tinel's sign. The findings may be peripheral or central in origin and as such ODG supports EMG to guide diagnosis and prognosis.