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| Case Number: | CM14-0158514 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 10/22/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 & Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 10/22/13. A utilization review determination dated 8/28/14 recommends non-certification of EMG/NCV of bilateral upper extremities. 8/13/14 medical report identifies pain in post-operative right shoulder, right elbow, and right wrist/hand. On exam, there is decreased right shoulder ROM, tender right elbow medial epicondyle, Tinel's sign at right elbows, and decreased ulnar sensation too little and ring fingers. Recommendations include a course of 18 PT sessions, NSAIDs, Biofreeze, home IF unit, and EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyogram) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Elbow procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: Regarding the request for EMG, CA MTUS states that, for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4

weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks; Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. NCS is recommended to confirm ulnar nerve entrapment if conservative treatment fails and to distinguish radial entrapment from lateral epicondylalgia if history and physical exam are equivocal and conservative treatment fails. It is also recommended for patients with activity limitations due to elbow symptoms not improving > 4 weeks when there are significant (e.g., limiting work ability) paresthesias or dysesthesias and an objective site of nerve dysfunction on physical exam. Within the documentation available for review, there are no red flags identified and there is no indication of failure of conservative treatment for this condition, as it is noted that the provider concurrently recommended multiple forms of conservative treatment. In light of the above issues, the currently requested EMG is not medically necessary.

NCV (nerve conduction velocity) bilateral upper extremities quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Elbow procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: Regarding the request for NCV, CA MTUS states that, for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks; Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. NCS is recommended to confirm ulnar nerve entrapment if conservative treatment fails and to distinguish radial entrapment from lateral epicondylalgia if history and physical exam are equivocal and conservative treatment fails. It is also recommended for patients with activity limitations due to elbow symptoms not improving > 4 weeks when there are significant (e.g., limiting work ability) paresthesias or dysesthesias and an objective site of nerve dysfunction on physical exam. Within the documentation available for review, there are no red flags identified and there is no indication of failure of conservative treatment for this condition, as it is noted that the provider concurrently recommended multiple forms of conservative treatment. In light of the above issues, the currently requested NCV is not medically necessary.

