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| Case Number: | CM14-0026856 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 08/18/1999 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Neurology and is licensed to practice in Texas, New Mexico, Florida, Connecticut, Oklahoma and Illinois. 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 54 year old female who sustained an injury to her right elbow on 08/18/09. The mechanism of injury was not documented. The records indicate that the injured worker is status post decompression of the radial nerve in the proximal third of the forearm. A clinical note dated 09/24/13 noted that the injured worker reported much relief after nerve decompression in the right arm. The injured worker is sleeping better; however, long finger continues to trigger. Physical examination noted that the sutures have been removed from the distal of the 3 incisions, nearly full elbow, wrist and finger motions; no erythema on right; smooth flexing of the fingers and the left long finger hangs up before jumping into extension. The injured worker was recommended to continue stretching exercises, increase use of right upper extremity, but she is already moving better and seems more comfortable than she was immediately prior to the surgery. The records indicate that the injured worker is status post 2 injections for the left long finger, 1 on 03/12/12 and the 2nd on 01/14/13. The injured worker has worsening right cubital tunnel symptoms that developed immediately post-surgery. EMG/NCS was recommended to assess the degree of compression of the ulnar nerve of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE RIGHT ELBOW, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Electromyography Section.

Decision rationale: The request for electromyogram of the right elbow times one is not medically necessary. The previous request was denied on the basis that the injured worker has not undergone a guideline recommended course of non-operative treatment, although a brace had been requested in the past. There was also no indication of elbow padding or night splinting. After reviewing the submitted records, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for electromyogram EMG of the right elbow times one has not been established.

NERVE CONDUCTION STUDY (NCS) OF THE RIGHT ELBOW, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies Section.

Decision rationale: The request for nerve conduction study (ncs) of the right elbow times one is not medically necessary. The previous request was denied on the basis that the injured worker has not undergone a guideline recommended course of non-operative treatment, although a brace had been requested in the past. There was also no indication of elbow padding or night splinting. After reviewing the submitted records, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for electromyogram EMG of the right elbow times one has not been established.