

Case Number:	CM14-0028939		
Date Assigned:	06/16/2014	Date of Injury:	12/19/2013
Decision Date:	07/23/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Texas. 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 39 year old male whose date of injury is 12/19/13. The injured worker reported injury to both arms and hands while removing carpet. The injured worker was diagnosed with lateral epicondylitis of the bilateral elbows. Examination on 12/23/14 reported sensation and motor function are full throughout; moderated tenderness to palpation of the lateral epicondyles left greater than right; no swelling; full range of motion at the elbows; distal grip strength and sensation intact with increased pain on forceful gripping; negative Tinel's. Initial treatment included physical therapy, ice packs, ibuprofen, Tylenol, Biofreeze, and elbow straps. The injured worker was seen for orthopedic consultation on 02/06/14, and was noted to have had minimal improvement with conservative care. Examination on this date reported positive elbow flexion test and positive Tinel's at the bilateral elbows. Decreased sensation was noted over the ulnar aspects of both hands. EMG/NCV dated 01/23/14 was reported as a normal study of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 584, 602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS).

Decision rationale: While electrodiagnostic testing may be appropriate in evaluating nerve entrapment at the elbow, the injured worker has no severe findings on physical examination. Moreover, a recent EMG/NCV was a normal study. Based on the clinical information provided, the request for electromyography (EMG) of the bilateral upper extremities is not recommended as medically necessary.

NERVE CONDUCTION VELOCITY (NCV) BILATERAL UPPER EXTREMITIES.:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 584, 602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS).

Decision rationale: While electrodiagnostic testing may be appropriate in evaluating nerve entrapment at the elbow, the injured worker has no severe findings on physical examination. Moreover, a recent EMG/NCV was a normal study. Based on the clinical information provided, the request for a nerve conduction velocity (NCV) of the bilateral upper extremities is not recommended as medically necessary.