MAXIMUS Federal Services

Case Number:	CM14-0035667		
Date Assigned:	06/23/2014	Date of Injury:	02/21/2012
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Preventive 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 applicant is a represented [redacted] employee who has filed a claim for chronic left elbow pain reportedly associated with an industrial injury of February 21, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; MRI imaging of the elbow, apparently notable for findings suggestive of medial epicondylitis; and work restrictions.In a Utilization Review Report dated March 5, 2014, the claims administrator approved an orthopedic consultation, denied a request for electrodiagnostic testing of the bilateral upper extremities, and denied a request for acupuncture. Acupuncture was denied on the grounds that the attending provider did not furnish information as to how much acupuncture was being sought and also denied on the grounds that the attending provider reportedly failed to provide a rationale for the same.The applicant's attorney subsequently appealed.In the doctor's first report of August 1, 2013, the applicant was described as having alleged pain secondary to cumulative trauma at work as a custodian. It was suggested that the applicant was still working at this point in time. A variety of diagnostic and therapeutic measures were undertaken, including prescriptions for topical compounds, genetic testing, and MRI imaging of the elbows.In a medicolegal report of May 15, 2014, the medicolegal evaluator stated that the applicant has completed conservative treatment for medial epicondylitis and had no evidence of cubital tunnel syndrome. It was stated that no further specific treatment was needed at this point.On May 6, 2014, the applicant's secondary treating physician wrote that the applicant had persistent complaints of elbow pain secondary to medial epicondylitis with associated pain and swelling about the same. It was stated that there was nothing further to offer the applicant as she was on intent on receiving any specific treatment for the same.In a chiropractic progress note of May 6, 2014, the applicant's primary treating provider suggested that the applicant obtain an

internal medicine consultation for hypertension, obtain a medication management consultation, and obtain electrodiagnostic testing of the bilateral upper extremities. The applicant was given presumptive diagnosis of elbow neuralgia, loss of sleep, hypertension, and elevated blood pressure. The applicant reportedly had a positive Tinel sign about the elbow, it was stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week (no duration) to the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the open-ended request for acupuncture, thus, does represent treatment well in excess of the MTUS parameters. Therefore, the request is not medically necessary

NCV of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 10, Page 33, nerve conduction testing and possibly EMG testing are recommended 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. ACOEM further notes that special studies should generally be performed if there is agreement by the applicant to undergo invasive treatment if the presence of a surgically correctible lesion is confirmed. In this case, however, both the applicant's medicolegal evaluator and orthopedic elbow surgeon have stated that the applicant is not a candidate for surgery and is not, furthermore, considering any kind of invasive procedure. It is further noted that both the applicant's medicolegal evaluator and orthopedic surgeon have further stated that the applicant has medial epicondylitis without evidence of a compressive neuropathy about the left elbow. Only the applicant's primary treating provider, a chiropractor, has suggested that the applicant has some symptoms suggestive of elbow neuritis. Finally, it is noted that the applicant appears to be asymptomatic insofar as the right upper extremity is concerned. No rationale for testing of the asymptomatic right upper extremity was provided. Therefore, the request is not medically necessary and appropriate.

EMG of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 8, page 178, EMG Testing.

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

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 10, Page 33 do support nerve conduction testing and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is failure to respond to conservative treatment, in this case, however, none of the aforementioned criteria have been met. There is no clear evidence of nerve entrapment. Both the applicant's secondary treating provider, an orthopedic surgeon and the applicant's medicolegal evaluator, also an orthopedic surgeon, have suggested that the applicant has isolated medial epicondylitis of the elbow with no evidence of superimposed nerve entrapment. It is further noted that the applicant is not intent on considering or contemplating any kind of invasive procedure or surgical remedy, regardless the outcome of the EMG testing in question. Finally, as with the NCV component of the request, the applicant appears to be entirely asymptomatic insofar as the right upper extremity is concerned. It is not clear why EMG testing of the bilateral upper extremity is being sought. Therefore, the request is not medically necessary and appropriate.