MAXIMUS Federal Services

Case Number:	CM14-0068708		
Date Assigned:	07/14/2014	Date of Injury:	07/12/2012
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 48 year old female who sustained an injury to her right elbow on 07/12/12 while performing her usual and customary duties as a massage therapist. The operative report dated 02/21/13, noted that the injured worker underwent right wrist arthroscopy, triangular fibrocartilage complex debridement and gentle debridement of the wrist. The injured worker continued to have right upper extremity pain and stated no improvement following the surgery. She stated that her symptoms actually worsened. The injured worker completed a course of postoperative physical therapy and acupuncture was requested. The injured worker underwent two cortisone injections followed by two visits of post-injection physical therapy. Electromyogram dated 09/03/13, revealed evidence of right ulnar nerve irritation, most likely at the right elbow; no evidence of chronic changes; and no evidence for any other peripheral nerve entrapment or peripheral neuropathy. Clinical note dated 05/04/04, reported that the injured worker continued to complain of right elbow pain. Physical examination noted positive Tinel's sign at the right elbow; range of motion included flexion 140 degrees, extension 0 degrees, pronation 80 degrees and supination 80 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyelogram for Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 261.

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 (EMG).

Decision rationale: There has been no change in the injured worker's symptoms or physical examination. There was no indication of re-injury to the area that would indicate the need for additional diagnostics. There was no additional significant objective clinical information provided for review that would support the need for a repeat study. Given this, the request for electromyelogram for right elbow is not recommended as medically necessary.