

Case Number:	CM14-0092131		
Date Assigned:	07/25/2014	Date of Injury:	06/13/2013
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 who reported an injury on 06/13/2013. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the bilateral upper extremities. The injured worker's treatment history included physical therapy, medications, psychological support, right shoulder surgery, postoperative physical therapy, and an orthopedic consultation. The injured worker was evaluated by an orthopedic surgeon on 04/02/2014. It was documented that the injured worker had ongoing shoulder and elbow pain. Physical findings included tenderness to palpation of the lateral aspect of the left medial epicondyle. It was noted that the injured worker had restricted range of motion of the shoulder. It was documented that the injured worker had previously undergone an x-ray of the right elbow that did not demonstrate any significant abnormalities. There was mild extensor tendinitis in the lateral epicondyle. The injured worker was offered a corticosteroid injection; however, declined the injection. The requesting physician indicated that the injured worker's treatment plan would include physical therapy, a TENS unit, ice and stimulation of the forearm, massage and stretching and strengthening. The injured worker was evaluated on 05/19/2014. It was noted that the injured worker had tenderness to palpation of the right medial elbow and persistent pain to the volar wrist. Physical findings included tenderness to the flexor tendons and medial epicondyle with restricted range of motion and decreased global sensation. A request was made for an electrodiagnostic study of the right upper extremity and follow-up with an orthopedic specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg.twc.com/odg/twc/Carpal_Tunnel.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 168-169.

Decision rationale: The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies for injured workers that have suspicion of peripheral nerve involvement. The clinical documentation does indicate that the prescribing physician feels the injured worker has physical evidence of peripheral nerve involvement. However, the clinical documentation does indicate that the injured worker underwent an electrodiagnostic study on 02/19/2014 that did not provide any evidence of significant abnormalities. Furthermore, it is noted within the documentation that the injured worker was prescribed physical therapy for the right upper extremity on 04/02/2014. There is no discussion within the clinical documentation of the outcome of that therapy. It appears the injured worker's treatment has been primarily focused on the right shoulder. There has been limited conservative therapy directed towards the elbow. As such, the requested EMG/NCV of the right upper extremity would not be indicated at this time. Therefore, the requested EMG/NCV of the right upper extremity is not medically necessary or appropriate.

Evaluation with Orthopedist for right arm/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 253, 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127.

Decision rationale: The American College of Occupational and Environmental Medicine recommends specialty consultation when the injured worker has complicated diagnoses or persistent symptoms that require additional expertise to assist with treatment planning. The clinical documentation does indicate that the injured worker underwent evaluation from an orthopedic specialist on 04/02/2014. Surgery was not recommended at that time. Continued conservative treatment was recommended. There is no indication within the clinical documentation of a need for follow-up evaluation with the orthopedic specialist as monitoring of conservative treatment can be handled at the primary treating physician level. As such, the requested evaluation with orthopedist for right wrist/arm is not medically necessary or appropriate.