

Case Number:	CM13-0057642		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2013
Decision Date:	05/06/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 44 year-old female with a date of injury of 07/19/2013. The listed diagnoses per [REDACTED] dated 10/10/2013 are: 1) Sprain/strain elbow and forearm 2) Epicondylitis, lateral 3) Upper extremity suspect carpal tunnel syndrome According to report dated 10/10/2013 by [REDACTED], the patient presents with right elbow lateral epicondylitis. It was noted that patient improved "very much" status post injection. However, the patient still has bilateral swelling of the ulnar for both wrists. Patient was noted to wake up at night due to left hand palmar distribution of paresthesias consistent with carpal tunnel syndrome. Examination showed tenderness over lateral epicondyles and decreased sensation over distal medial nerve territory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178.

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).

Decision rationale: This patient presents with right elbow lateral epicondylitis with continued swelling and tenderness. Treater is requesting an Electromyography (EMG)/Nerve Conduction Velocity (NCV). Utilization review dated 11/1/2013 denied stating "patient has significant to date with conservative therapy, and she would be expected to continue to improve." ACOEM Guidelines page 178 states "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NVC may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks." In this case, the symptoms have lasted longer than 3-4 weeks and although patient has had some improvement with physical therapy, the patient continues with pain and swelling. Further investigation is warranted at this time and recommendation is for approval.

Nerve Conduction Studies of the bilateral upper extremities: Overturned

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 Page(s): 178.

Decision rationale: This patient presents with right elbow lateral epicondylitis with continued swelling and tenderness. Treater is requesting an Electromyography (EMG)/Nerve Conduction Velocity (NCV). Utilization review dated 11/1/2013 denied stating "patient has significant to date with conservative therapy, and she would be expected to continue to improve." ACOEM Guidelines page 178 states "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks." In this case, the symptoms have lasted longer than 3-4 weeks and although patient has had some improvement with physical therapy, the patient continues with pain and swelling. Further investigation is warranted at this time and recommendation is for approval.

Blood draw: C-metabolic, CBC, Thyroid study and Arthritis panel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Chronic Pain Treatment Guidelines NSAIDs- specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with right elbow lateral epicondylitis with continued swelling and tenderness. Treater is requesting Blood draw: C-Metabolic, CBS thyroid study &

Arthritis panel. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS Guidelines states monitoring of CBC is recommended when patient is taking NSAIDs. In this case, the patient continues to be symptomatic and the treater has asked for a panel of labs to uncover any underlying metabolic or arthritic disorder. The request is medically reasonable as carpal tunnel syndrome and various tendinitis symptoms can mask underlying arthritic disorder. Recommendation is for authorization.