

Case Number:	CM14-0119751		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2013
Decision Date:	01/27/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 Emergency 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 44 year-old female, who sustained an injury on August 20, 2013. The mechanism of injury occurred from a fall. Diagnostics have included: February 12, 2014 left elbow x-ray reported as unremarkable. Treatments have included: medications, physical therapy, strap. The current diagnosis is left elbow lateral epicondylitis. The stated purpose of the request for EMG/NCV Studies of the left elbow was not noted. The request for EMG/NCV of the Left Elbow was denied on June 30, 2014 citing a lack of documentation of exam evidence of nerve entrapment. Per the report dated June 3, 2014, the treating physician noted complaints of left elbow pain. Exam shows restricted left elbow range of motion and medial and lateral epicondyle tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269,272-273.

Decision rationale: The requested EMG/NCV of the left elbow is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, page(s) 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has left elbow pain. The treating physician has documented restricted left elbow range of motion and medial and lateral epicondyle tenderness. The treating physician has not documented physical exam findings indicative of nerve compromise. The criteria noted above not having been met, EMG/NCV of the left elbow is not medically necessary.