

Case Number:	CM14-0184268		
Date Assigned:	11/12/2014	Date of Injury:	04/22/2011
Decision Date:	01/16/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 37 year old female who suffered a work related injury on 04/22/11. Per the physician notes from 07/18/14, she noted gradual onset of pain in both hands beginning in 01/11. She was initially treated by her family physician with physical therapy, right and left thumb spica splints. Her employer sent her to the company doctor, [REDACTED], and treatment included physical therapy, right and left wrist splints, and Naprosyn. She has not used the elbow splints. She also was treated with an injection to the right lateral elbow and proximal dorsal forearm with steroid, which provided no relief. She was then prescribed Lyrica, which provided pain relief, but also caused suicidal ideations. He used a tennis elbow band on the right, which worsened hand numbness and tingling. She has undergone Nerve conduction studies which were normal. She partially completed a work hardening program. She complains of intermittent "electric, twinge, tingling pain" in the right posterior elbow. She points to the distal triceps and insertion. There is intermittent aching pain in the right dorsal forearm. Pain episodes are worse when she is active. Left has improved more than the right. She also complains of her hands falling asleep more than 10 times per day. She shakes her hands to relieve. She wakes nightly with the right arm numb. Her hands are stiff and swollen in the mornings. Symptoms are relieved with ice, heat, and avoiding use of the arms. Examination shows tenderness to palpation of the right lateral epicondyle and proximal dorsal forearm. There is tenderness of the left lateral epicondyle, proximal dorsal forearm, first dorsal compartment, less so thumb CMC joint. Sensation is normal to light touch. There is no swelling, atrophy, or discoloration. Her diagnosis is right clinical cubital tunnel syndrome. The requested treatment is an EMG/NCV of the right upper extremity. This treatment was denied by the Claims Administrator on 10/18/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The provided documentation does not show any signs of emergence of red flags or physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. Progress notes dated 10/2013 indicate the patient had previous EMG which were reported normal. There is no indication of new symptoms. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore, the request is not medically necessary.