

Case Number:	CM14-0204180		
Date Assigned:	12/16/2014	Date of Injury:	12/10/2010
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 36 year-old male who sustained an injury on December 10, 2010. The mechanism of injury occurred from washing floors. Diagnostics have included: April 8, 2011 EMG/NCV reported as no radiculopathy. Treatments have included: chiropractic, physical therapy, medications. The current diagnoses are: left elbow epicondylitis, right cubital tunnel syndrome, left wrist sprain. The stated purpose of the request for Acupuncture (visits) quantity 8.00 was not noted. The request for Acupuncture (visits) quantity 8.00 was modified for 4 sessions on November 21, 2014. The stated purpose of the request for EMG/NCV Right Upper Extremity quantity 1.00 was not noted. The request for EMG/NCV Right Upper Extremity quantity 1.00 was denied on November 21, 2014, citing a lack of documentation of positive neurologic exam findings. The stated purpose of the request for EMG/NCV Left Upper Extremity quantity 1.00 was not noted. The request for EMG/NCV Left Upper Extremity quantity 1.00 was denied on November 21, 2014, citing a lack of documentation of positive neurologic exam findings. The stated purpose not noted. The request for Orthopedic Evaluation for left elbow/wrist quantity 1.00, citing was denied on November 21, 2014 a lack of documentation of medical necessity. Per the report dated August 28, 2014, the treating physician noted complaints of pain to both arms, and numbness. Exam showed left elbow tenderness with limited range of motion and positive Cozen signs, left Tinel test positivity, decreased left C7-8 dermatomal sensation

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (visits) quantity 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture (visits) quantity 8.00 is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has pain to both arms, and numbness. The treating physician has documented left elbow tenderness with limited range of motion and positive Cozen signs, left Tinel test positivity, decreased left C7-8 dermatomal sensation. The treating physician has not documented the medical necessity for excess acupuncture sessions in addition to the approved 4 sessions before evaluation of functional improvement. The criteria noted above not having been met, Acupuncture (visits) quantity 8.00 is not medically necessary.

EMG Right Upper Extremity quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 268-269, 272-273.

Decision rationale: The requested EMG/NCV Right Upper Extremity quantity 1.00 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 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 pain to both arms, and numbness. The treating physician has documented left elbow tenderness with limited range of motion and positive Cozen signs, left Tinel test positivity, decreased left C7-8 dermatomal sensation. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Spurling test or deficits in dermatomal sensation, reflexes or muscle strength for the right upper extremity. The criteria noted above not having been met, EMG/NCV Right Upper Extremity quantity 1.00 is not medically necessary.

EMG Left Upper Extremity quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 268-269, 272-273.

Decision rationale: The requested EMG/NCV Left Upper Extremity quantity 1.00 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 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 pain to both arms, and numbness. The treating physician has documented left elbow tenderness with limited range of motion and positive Cozen signs, left Tinel test positivity, decreased left C7-8 dermatomal sensation. The treating physician has documented sufficient positive neurologic exam findings for the left upper extremity. The criteria noted above having been met, EMG/NCV Left Upper Extremity quantity 1.00 is medically necessary.

NCV Right Upper Extremity quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 268-269, 272-273.

Decision rationale: The requested EMG/NCV Right Upper Extremity quantity 1.00 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 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 pain to both arms, and numbness. The treating physician has documented left elbow tenderness with limited range of motion and positive Cozen signs, left Tinel test positivity, decreased left C7-8 dermatomal sensation. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Spurling test or deficits in dermatomal sensation, reflexes or muscle strength for the right upper extremity. The criteria noted above not having been met, EMG/NCV Right Upper Extremity quantity 1.00 is not medically necessary.

NCV Left Upper Extremity quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 268-269, 272-273.

Decision rationale: The requested EMG/NCV Left Upper Extremity quantity 1.00 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 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 pain to both arms, and numbness. The treating physician has documented left elbow tenderness with limited range of motion and positive Cozen signs, left Tinel test positivity, decreased left C7-8 dermatomal sensation. The treating physician has documented sufficient positive neurologic exam findings for the left upper extremity. The criteria noted above having been met, EMG/NCV Left Upper Extremity quantity 1.00 is medically necessary.

Orthopedic Evaluation for left elbow/wrist quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The requested Orthopedic Evaluation for left elbow/wrist quantity 1.00 is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, Forearm, wrist and hand, Assessing red flags, Page 258 recommend follow-up visits with documented medical necessity; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain to both arms, and numbness. The treating physician has documented left elbow tenderness with limited range of motion and positive Cozen signs, left Tinel test positivity, decreased left C7-8 dermatomal sensation. The treating physician has not documented sufficient medical indications that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Orthopedic Evaluation for left elbow/wrist quantity 1.00 is not medically necessary.