MAXIMUS Federal Services

Case Number:	CM15-0006371		
Date Assigned:	01/26/2015	Date of Injury:	09/01/2012
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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:

The injured worker is a 55-year-old male who reported injury on 09/10/2012. The mechanism of injury was repetitive use. The medications were not provided. The documentation indicated the injured worker had physical therapy and elbow injections. The injured worker had a left elbow extensor tendon release. The documentation of 12/23/2014 revealed the injured worker had complaints of left posterior elbow, right posterior elbow, right posterior wrist and right foot pain. Physical examination revealed reflexes were within normal limits. Sensation was noted to be within normal limits. Diagnoses included sprain and strain of the hand, and status post left elbow surgery. The request was made for an EMG/NCV of the upper extremities. There was a Request for Authorization dated 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that an EMG and nerve conduction study is appropriate if there has been documentation of 6 weeks of conservative care. There should be objective findings upon physical examination to support the necessity. The clinical documentation submitted for review indicated the injured worker had no objective findings upon physical examination to support the necessity for an EMG/NCV of the left elbow. There was a lack of documentation of the duration, frequency and quantity of prior therapies and a failure of the therapies. Given the above, the request for EMG/NCV of left elbow is not medically necessary.

MRI of left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Chapter, MRI

Decision rationale: The clinical documentation submitted for review indicated the injured worker underwent prior elbow surgery, which would support the inclusion of an MRI. As such, the Official Disability Guidelines were sought regarding repeat MRIs. The Official Disability Guidelines indicate a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker's objective physical examination was within normal limits. There was a lack of documentation of objective findings, as well as exceptional circumstances to support findings suggestive of significant pathology or significant change in symptoms. Given the above, the request for MRI of left elbow is not medically necessary.