

Case Number:	CM15-0007368		
Date Assigned:	01/22/2015	Date of Injury:	04/14/2014
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona
 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 44-year-old female who reported an injury on 04/14/2014, whereupon she stated injuring her arm while prepping a patient. Prior treatments included bracing, medications, therapy, although she continues to complain of pain. Additionally, she had received an injection to her left elbow with an MRI reporting no tears. As of 12/2014, she rated her pain level as a 2/10 to 6/10, with associated tightness in her left shoulder. The clinical documentation stated that the injured worker attended 5 sessions of physical therapy, but denied any improvement with her symptoms. She was provided with a tennis elbow strap and placed on modified activity. The injured worker had reportedly been authorized additional physical therapy as of 11/13/2014. Her pain level was rated as 2/10 to 6/10 of the left upper extremity. MRI of her left elbow was performed on 10/09/2014, which revealed mild to moderate, extensor tendinosis without evidence of extensor tendon tear and very mild distal triceps tendinosis at the insertion of the olecranon without evidence of tear and no abnormality of the elbow joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Study (NCS) of right upper extremity:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography may be utilized if there is suspicion of lateral arm pain in a condition that has been present for at least 6 weeks, or nerve conduction studies which can be utilized in injured workers who have a failure to respond to conservative treatment. However, the injured worker's clinical documentation has specified that her injury occurred on the left upper extremity with no specification that her right extremity had been effected. Therefore, the request is not deemed medically necessary and is non-certified.

Physical therapy left elbow (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the documentation, the injured worker had completed previous physical therapy with no indication of success response. Under the guidelines, without having functional improvement from previous therapy, ongoing treatment cannot be supported. Additionally, the injured worker should be able to transition to a home exercise program at this time to continue working toward improving her function in the left upper extremity. As such, the request is not medically necessary.