

Case Number:	CM15-0102672		
Date Assigned:	06/05/2015	Date of Injury:	01/27/2015
Decision Date:	12/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on January 27, 2015. The worker is being treated for: cervical, thoracic, lumbar spine musculoligamentous strain and sprain; lower extremity radiculitis, and right SI joint sprain. Subjective: March 17, 2015 reported neck pain radiating to the right shoulder and upper extremity; bilateral shoulder pain, right side worse; bilateral elbow and forearm pain; bilateral wrist and hand pain with numbness and tingling to the digits of both hands; low back pain radiating to the right hip and buttock; right foot and heel pain; sleep difficulties and gastrointestinal pain. In addition, she complained of nausea, heartburn and abdominal pain. April 28, 2015 reported "not being pregnant." Objective: March 17, 2015 noted cervical spine with a slight anterior head carriage and decreased cervical lordotic curve; tenderness to palpation over paravertbrals on right, trapezius, right side worse and paraspinal guarding with palpation and PROM. The bilateral elbows are noted with tenderness to palpation over lateral epicondyles, right side more so; over extensor muscle groups of the proximal forearms right side worse. Bilateral wrist inspection showed tenderness to palpation over dorsal capsules bilaterally. April 28, 2015 noted plan of care proceed with surgery. Medication: March 17, 2015: Naproxen, Gabapentin, Prilosec, noted all with recommendation to discontinue due to possible pregnancy. Diagnostic: March 17, 2015 radiography of cervical, lumbar spine and right heel, deferred as she may be pregnant. April 28, 2015 obtained radiographic imaging. Treatment: April 28, 2015 instructed to complete remaining therapy sessions. On April 28, 2015 a request was made for US to bilateral elbows and EMG NCS for left upper extremity and right lower extremity that were noncertified by Utilization Review on May 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow (acute and chronic): ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow/forearm chapter and pg 33.

Decision rationale: According to the guidelines, ultrasound is recommended for diagnostic purposes for tendon injuries. In this case, the claimant has epicondylitis. The request for ultrasound would be appropriate if symptoms were non-specific or the diagnosis cannot be made. The injury is not acute. The request for the ultrasound is not medically necessary.

EMG/NCV left upper extremity and right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, lumbar and thoracic (acute and chronic): EMGs.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. An EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant has L5 dermatome sensory abnormalities consistent with MRI findings of nerve root abutment at the L5-S1 level. In addition, the symptoms of the upper extremities are epicondylar in nature. In the case of ulnar neuropathy and epicondylar symptoms, the EMG is not recommended for routine evaluation of nerve entrapment. The results of the EMG/NCV were unremarkable and not medically necessary.