

<b>Case Number:</b>	CM15-0019060		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 36-year-old male who reported an injury on 07/11/2011, due to an unspecified mechanism of injury. On 12/11/2014, he presented for a followup evaluation regarding his work related injury. He reported right hand pain rated at 3/10, right elbow pain rated at 3/10, and increased pain with lifting, and decreased with rest. A physical examination showed decreased range of motion, muscle splinting, and tenderness to palpation. There was a positive orthopedic testing noted, and muscle tenderness. It should be noted that the handwritten notes on the document were illegible. The treatment plan was for pain management, acupuncture treatment sessions, an MRI of the right elbow, and a Nerve Conduction Velocity of the upper extremity. The rationale for treatment was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Occupational Medicine Practice Guidelines, 2nd Edition, Chapt 7, page 127 states: Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate that office visits are recommended as determined to be medically necessary depending a review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. The documentation submitted for review does not show that the injured worker has any significant functional deficits to support the request. Also, there was no indication that he was taking medications that required pain management. Furthermore, a clear rationale was not provided for the medical necessity of a pain management referral. Therefore, the request is not supported. As such, the request is not medically necessary.

**8 Acupuncture Treatment Sessions for the Right Upper Extremity (2 times 4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California Acupuncture Treatment Guidelines indicate that acupuncture is recommended when medications are being reduced or are not tolerated, and as an adjunct to physical rehabilitation and/or surgical intervention to hasten a functional recovery. The documentation provided does not indicate that the injured worker is reducing his medications or that he is intolerant of oral medications. Also, there is no indication that he would be using acupuncture as an adjunct to surgical intervention or physical therapy. Furthermore, there was a lack of evidence showing that he has any significant functional deficits, or significant pain in the right upper extremity to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**MRI of the Right 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 (ODG) Elbow Chapter, MRI.

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

**Decision rationale:** The California Acupuncture Treatment Guidelines state that special studies are not needed to evaluate most elbow symptoms unless a period of at least 4 weeks of conservative care and observation fails to improve symptoms. The documentation provided does not indicate that the injured worker has tried and failed at least 4 weeks of conservative therapy to support the request. Also, there was a lack of documentation showing that he has any

neurological deficits or significant functional deficits that would support the requested imaging study. Therefore, the request is not supported. As such, the request is not medically necessary.

**Nerve Conduction Velocity (NCV)/Electromyogram (EMG) of the Upper Extremity:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm Wrist and Hand Chapter, Electrodiagnostics.

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

**Decision rationale:** The CA MTUS/ACOEM Guidelines state that electromyography may be necessary if cervical radiculopathy is suspected as a cause of lateral arm pain, and has been present for at least 6 weeks. Nerve Conduction Studies and possible EMG are recommended if severe trauma is suspected on the basis of physical examination, mid, denervation atrophy is likely, and there is failure to respond to conservative treatment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right upper extremity. However, there was a lack of documentation showing that he has any significant neurological deficits to support the request for a Nerve Conduction Study or an EMG. Also, the request fails to mention whether the electrodiagnostic studies being requested is for the right or left upper extremity. Therefore, the request is not supported. As such, the request is not medically necessary.