MAXIMUS Federal Services

Case Number:	CM15-0140555		
Date Assigned:	07/30/2015	Date of Injury:	05/12/2014
Decision Date:	09/10/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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, Hawaii
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 was a 45 year old female, who sustained an industrial injury, May 12, 2014. The injured worker previously received the following treatments Kenalog injections, platelet-rich plasma injection, right elbow MRI which showed moderate tendinitis and interstitial tearing at the common extensor tendon origin and a small joint effusion and mild synovitis, Flector patches and Ibuprofen. The injured worker was diagnosed with right lateral epicondylitis and rule out radial neuropathy and bilateral lateral elbow epicondylitis. According to progress note of June1, 2015, the injured worker's chief complaint was persistent pain overlying the right lateral epicondyle. The pain had improved since the initial platelet-rich plasma injection. The physical exam noted there was focal tenderness overlying the right lateral epicondyle and extensor conjoint tendon. The right epicondyle was asymptomatic. The treatment plan included EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient presents with pain affecting the lateral epiclondyle bilaterally. The current request is for EMG/NCV Bilateral Upper Extremities. The treating physician states in the report dated 6/1/15, "I am requesting to schedule bilateral upper extremity nerve conduction testing to rule out a significant entrapment of the radial nerve at the arcade of Frehse." ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter) state, "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." In this case, the treating physician has documented that the patient has bilateral lateral epicondylitis and entrapment neuropathy is in the differential diagnosis of lateral epicondylitis. The current request is medically necessary.