

Case Number:	CM15-0182706		
Date Assigned:	09/30/2015	Date of Injury:	10/12/2014
Decision Date:	12/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/17/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 37 year old female with a date of injury of October 12, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow pain, right elbow lateral epicondylitis rule out extensor tear, and rule out right cubital tunnel syndrome. Medical records dated May 22, 2015 indicate that the injured worker complained of right elbow pain rated at a level of 2 out of 10 and 8 out of 10 with moving the wrong way, and stiffness in the elbow. A progress note dated July 31, 2015 documented complaints of right elbow pain. Per the treating physician (July 31, 2015), the employee had work restrictions that included no lifting or carrying greater than five pounds, no strong gripping on the right, no forceful pushing or pulling, and no style set, merchandising, or freight. The progress note dated July 31, 2015 documented a physical examination that showed tenderness to palpation of the right lateral epicondyle, decreased range of motion of the right elbow, and decreased strength of the right elbow with extension. Treatment has included bracing, medications (Ibuprofen), and cortisone injection. The original utilization review (August 25, 2015) non-certified a request for electromyogram-nerve conduction velocity studies of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography right upper extremity as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, imaging studies are pending and there is no objective evidence of neurologic dysfunction. Therefore, the request for Electromyography right upper extremity as outpatient is not medically necessary.

Nerve conduction velocity studies right upper extremity as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, imaging studies are pending and there is no objective evidence of neurologic dysfunction. Therefore, the request for Nerve conduction velocity studies right upper extremity as outpatient is not medically necessary.