

Case Number:	CM15-0192496		
Date Assigned:	10/30/2015	Date of Injury:	12/23/2014
Decision Date:	12/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 sustained an industrial injury on 12-23-14. The injured worker reported left elbow pain. A review of the medical records indicates that the injured worker is undergoing treatments for cubital tunnel syndrome, rule out medial epicondylitis. Medical records dated 7-28-15 indicate pain rated at 8 out of 10. Provider documentation dated 7-28-15 noted the work status as able to work with work restrictions. Treatment has included physical therapy, left elbow MRI (2-3-15), status post right carpal tunnel release (7-27-12), radiographic studies, home exercise program and Naproxen since at least March of 2015. Objective findings dated 7-28-15 were notable for left elbow with tenderness to the medial epicondyle olecranon fossa with positive Tinel's sign, full range of motion but noted to be painful, diminished sensation to the ulnar digits. The original utilization review (9-3-15) denied a request for EMG (Electromyography) - NCV (Nerve Conduction Velocity) of left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of left upper extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Elbow Procedure Summary (online version).

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

Decision rationale: Review indicates the patient was authorized for an EMG/NCV of bilateral upper extremities recently on 1/27/15 without notation of study performed or results provided. The patient is s/p carpal tunnel release surgery without significant progression to support repeating the diagnostic study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have noted unchanged elbow tenderness at medial epicondyle with diminished ulnar digits; however, there is no report of the recent EMG/NCV authorized. Additionally, per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostic. The EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of left upper extremities is not medically necessary and appropriate.