

<b>Case Number:</b>	CM15-0208417		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 48 year old female, who sustained an industrial-work injury on 3-30-14. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right elbow internal derangement and right forearm strain. Treatment to date has included oral and topical medication, 12 physical therapy, 12 sessions of acupuncture (helpful), 12 sessions, of chiropractic treatment. Currently, the injured worker complains of right shoulder pain. Per the primary physician's progress report (PR-2) on 9-15-15, exam noted right shoulder sensation was intact with no other documentation provided. The Request for Authorization requested service to include debridement of the right elbow extensor tendon, EMG (electromyography) bilateral upper extremity, and acupuncture 2 times a week for 6 weeks for right elbow. The Utilization Review on 9-30-15 denied the request for debridement of the right elbow extensor tendon, EMG (electromyography) bilateral upper extremity, and acupuncture 2 times a week for 6 weeks for right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Complaints, Electrodiagnostic Studies (EDS), special studies and diagnostic and treatment considerations.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination.

**Decision rationale:** The injured worker is a 48-year-old female with a date of injury of 1/30/2014. She experienced pain in the right forearm. Progress notes document a diagnosis of lateral epicondylitis. She was treated with physical therapy and acupuncture and chiropractic treatment. Progress notes from September 2015 document right shoulder pain but the neurologic status was intact. Prior acupuncture notes have not been submitted. The notes are handwritten and document a chronic pain syndrome with right elbow pain, right shoulder radiculopathy and right hand weakness. No neurologic findings were documented. Light touch was intact in the "right lateral shoulder, right dorsal (forearm), right small tip and right index tip". Handwritten notes from 8/11/2015 document right elbow pain for which pain medicine and orthopedic consultations were requested. Debridement of the right elbow extensor tendon and acupuncture 2 times per week for 6 weeks were also requested. With regard to the request for EMGs of bilateral upper extremities the guidelines recommend neurovascular screening of the hand, wrist, forearm and elbow including peripheral pulses and the motor, reflex, and sensory status of the forearm, hand, wrist, as well as the more proximal surrounding structures can be assessed. Examining the neck and cervical root function is also in order because C6 radiculopathy can affect the wrist extensors and T1 radiculopathy can present as dysfunction of the intrinsic muscles of the hand. Appropriate examination for carpal tunnel syndrome should be carried out. In the presence of neurologic findings, electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. The documentation provided does not indicate a complete neurologic examination or the presence of significant findings that warrant diagnostic testing with EMG and nerve conduction studies. The sensory examination was reported to be negative and although subjective weakness was reported, a detailed motor examination was not performed. Deep tendon reflexes have not been documented. Examination for carpal tunnel syndrome has not been performed. As such, the request for EMG is not supported and is not medically necessary.

**Debridement of the right elbow extensor tendon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow (updated 6/23/15): Surgery for Epicondylitis.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** With regard to the request for debridement of the right elbow extensor tendon, the majority of patients can be treated non-operatively. The guidelines indicate surgery for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. The documentation provided does not indicate the 6 months of care using 3-4 different types of conservative treatment. As such, the request for surgery is not supported and the request is not medically necessary.

**Acupuncture 2 times a week for 6 weeks for right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** With regard to the request for acupuncture, the guidelines indicate that it is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The documentation submitted does not indicate that pain medications are reduced or not tolerated and also does not indicate physical rehabilitation or surgical intervention at this point. As such, the request for acupuncture is not supported and is not medically necessary.