

Case Number:	CM15-0025628		
Date Assigned:	02/18/2015	Date of Injury:	02/04/2013
Decision Date:	04/08/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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 65-year-old male who reported an injury on 01/27/2013 due to an unspecified mechanism of injury. On 11/20/2014, he presented for a follow up evaluation. He continued to complain of pain in the left knee and shoulder and elbow. He reported having an EMG and NCV of the upper extremity and stated that the injection in his knee had helped him. He rated his pain at a 4/10 and stated that it would increase to an 8/10 to 9/10 with activity. A physical examination showed tenderness and guarding over the upper trapezius bundles on the right with palpable trigger point formation over the right rhomboid muscles. Direct palpation of the elbow produced moderate tenderness over the lateral epicondyle region and common extensor tendon. There was also moderate tenderness with extensor carpi radialis tendon and pain with resisted pronation and supination, as well as elbow extension. She was diagnosed with right shoulder status post subacromial decompression and right elbow lateral epicondylitis. The treatment plan was for electrodiagnostic studies of the right upper extremity. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Electrodiagnostic Testing (EMG/NCS); Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment if symptoms persist. The documentation provided indicates that the injured worker had already undergone electrodiagnostic studies. Further clarification is needed regarding if these electrodiagnostic studies were performed on the right or left upper extremity. Also, the injured worker does not have any signs and symptoms indicating radiculopathy or indicating that they have any findings of nerve compromise to support the request. There is also a lack of evidence showing that he has failed recommended conservative care. Therefore, the request is not supported. As such, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Electrodiagnostic Testing (EMG/NCS); Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment if symptoms persist. The documentation provided indicates that the injured worker had already undergone electrodiagnostic studies. Further clarification is needed regarding if these electrodiagnostic studies were performed on the right or left upper extremity. Also, the injured worker does not have any signs and symptoms indicating radiculopathy or indicating that they have any findings of nerve compromise to support the request. There is also a lack of evidence showing that he has failed recommended conservative care. Therefore, the request is not supported. As such, the request is not medically necessary.