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| Case Number: | CM15-0217963 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 07/14/2011 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 11/05/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old male, who sustained an industrial injury on 7-14-11. The injured worker is diagnosed with left first carpometacarpal joint arthrosis and left lateral epicondylitis. His disability status is permanently partially disabled. A note dated 7-9-15 reveals the injured worker presented with complaints of constant low back pain, constant left elbow and wrist pain, with varying intensity, that is aggravated by repetitive motions, gripping, grasping, pushing, pulling, lifting and torquing activities. His pain is rated at 5-8 out of 10. A physical examination dated 7-9-15 of the left elbow revealed tenderness at the "lateral epicondylar region", "resisted extension of the left wrist with an extended elbow reproduces the pain, which is consistent with what appears to be lateral epicondylitis" and there is decreased sensation in the "ulnar digits." The left wrist and hand examination reveals "prominent protuberance around the left first carpometacarpal joint with tenderness, which is consistent with arthrosis." Range of motion is full, but painful and there is "decreased sensation in the radial digits." Treatment to date has included chiropractic therapy, physical therapy, massage therapy, medications, heat and cold therapy, cortisone injections and lumbar epidural injections. Diagnostic studies include lumbar, left forearm and left wrist x-rays, lumbosacral MRI and left elbow MRI. A request for authorization dated 7-14-15 for electromyogram for the bilateral upper extremities is denied, per Utilization Review letter dated 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the right and left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a personal trainer with date of injury in July 2011 and is being treated for low back and left elbow, wrist, and hand pain. His past medical history includes arthritis, heart disease, asthma, and diabetes. An MRI of the elbow in September 2011 showed findings that included findings consistent with lateral epicondylitis. The study was limited due to patient movement and artifact. There were no abnormal findings at the cubital tunnel. He was seen by the requesting provider for an initial evaluation in July 2015. Complaints included left elbow pain, which was unchanged rated at 5-8/10 and constant. Physical examination findings included lateral elbow tenderness with findings consistent with lateral epicondylitis. There was left first CMC prominence and tenderness consistent with arthrosis. There was pain with range of motion without instability. There was decreased radial digit sensation. An x-ray of the wrist was obtained which was negative for arthrosis. Requests included bilateral electrodiagnostic testing of the upper extremities. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression and there are no neurological complaints that suggest radiculopathy, carpal or cubital tunnel syndrome, or other nerve entrapment. Bilateral upper extremity EMG or NCS testing is not medically necessary at this time.