

Case Number:	CM15-0223121		
Date Assigned:	11/19/2015	Date of Injury:	01/31/2015
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 54 year old male injured worker suffered an industrial injury on 1-31-2015. The diagnoses included chronic right medical epicondylitis, resolving right cubital tunnel syndrome and rule out right carpal tunnel syndrome. The provider noted he would benefit from electrodiagnostics given the history of numbness in the hand. The medications in use were Voltaren orally. On 10-20- 2015 the provider reported continued to report significant pain in the medical aspect if the right elbow with rare numbness in the right ring finger and small finger. On exam there was moderate medical epicondylar and flexor pronator origin tenderness on the right. The Tinel's and elbow flexion tests were negative at the cubital tunnels. He was NVI distally. Request for Authorization date was 10-19-2015. Utilization Review on 10-26-2015 determined non-certification for EMG and NVC for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG and NVC for the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, subjective reports of intermittent numbness to the right hand but no significant neurological deficit found on examination suggests that follow-up testing may be helpful, such as nerve conduction studies as requested. Although MRI was also requested and approved, nerve testing may also be helpful in addition to the MRI findings, and therefore, this request is medically necessary.