

Case Number:	CM15-0030462		
Date Assigned:	02/24/2015	Date of Injury:	01/15/2015
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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 injured worker (IW) is a 42 year old male who sustained an industrial injury on 01/15/2015 from repetitive use. He reported pain in the left elbow. The injured worker was diagnosed as having left elbow ulnar nerve impingement, left elbow tendinitis, and repetitive use syndrome. Treatment to date has included a left arm sling, Ibuprofen, Hydrocodone-Acetaminophen 5:325 mg, patient education, and prednisone. Currently, the injured worker complains of left elbow tendinitis and left elbow pain. Request for authorization was made for; Orthopedic Consult, Left Upper Extremity EMG/NCS (electromyogram/nerveconduction) Study; Hydrocodone/APAP 5/325 MG 1 Tab Every 6 Hours as Needed Qty 40 with No Refills; Prednisone 5 MG Tabs Daily On Days 1 Through 3 Qty 52 with No Refills; DME, Elbow Brace and Arm Sling; and X-Rays Done In House.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Upper Extremity EMG/NCS Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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 week 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, there was insufficient physical findings included in the documentation to suggest a neuropathy and to justify EMG/NCV testing of the left extremity. Also, the injury occurred two weeks prior and without significant attempts at conservative treatments to precede any testing. Therefore, the nerve testing will be considered medically unnecessary at this time.

Orthopedic Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, it was only two weeks after the overuse injury that the provider requested a consultation with an orthopedic specialist without any evidence of physical therapy or other conservative treatments. There was no evidence provided in the notes to suggest an urgent referral to an orthopedic specialist was warranted. Therefore, the orthopedic consult will be considered medically unnecessary.