MAXIMUS Federal Services

Case Number:	CM15-0035341		
Date Assigned:	03/03/2015	Date of Injury:	06/24/2014
Decision Date:	04/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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
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 49-year-old female, who sustained an industrial injury on 6/24/14. On 2/25/15, the injured worker submitted an application for IMR for review of MRI left elbow, and EMG left upper extremity, and NCV left upper extremity. The treating provider has reported the injured worker complained of left shoulder pain as sharp, throbbing and constant. The pain is associated with weakness/numbness in the left hand with left elbow popping. The diagnoses have included adhesive capsulitis; rotator cuff tear; lateral epicondylitis. Treatment to date has included x-ray of cervical spine, left and right elbow and left wrist (2/9/15); subacromial injections. On 2/18/15 Utilization Review non-certified MRI left elbow, and EMG left upper extremity and NCV left upper extremity. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th edition [2014] Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter Elbow Disorder, Special Studies and Diagnostic, pages 601-602.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro-diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness with full range for lateral epicondylitis without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the left elbow is not medically necessary and appropriate.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th [2014 web] Cervical Spine - Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, intact motor strength, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electro-diagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The EMG of the Left Upper Extremity is not medically necessary and appropriate.

NCV of the left upper extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th [2014 web] Elbows - Tests for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for the NCV has not been established. Submitted reports have demonstrated symptoms and clinical findings to suggest entrapment syndrome. Exam showed only continued tenderness and diminished sensation in median distribution neurological deficits and dermatomal correlation to support for the electro-diagnostics. There was documented failed conservative trial for this chronic injury with continued symptom complaints. The NCV left upper extremity is medically necessary and appropriate.