

Case Number:	CM15-0041689		
Date Assigned:	04/10/2015	Date of Injury:	12/18/2010
Decision Date:	05/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/05/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 38-year-old female, who sustained an industrial injury on 12/18/2010. She has reported injury to the left upper extremity. The diagnoses have included left lateral epicondylitis; left radial tunnel; and status post left lateral epicondylar debridement with drilling on 10/20/2014. Treatment to date has included medications, diagnostic studies, splinting, injections, physical therapy, and surgical intervention. Medications have included Hydrocodone and Omeprazole. A progress note from the treating physician, dated 11/07/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left elbow pain feeling a little better; has had three sessions of physical therapy since surgery; pain is rated 3/10 on the visual analog scale; and has numbness from the elbow to the shoulder. Objective findings included sensation to light touch is intact at all digital pulps of the left upper extremity; post-casting stiffness; and tenderness to palpation at the mobile wad. The treatment plan has included the request for EMG (Electromyography)/NCS (Nerve Conduction Study) bilateral upper extremities

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

Decision rationale: The requested EMG/NCS Bilateral Upper Extremities, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electro diagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has left elbow pain feeling a little better; has had three sessions of physical therapy since surgery; pain is rated 3/10 on the visual analog scale; and has numbness from the elbow to the shoulder. Objective findings included sensation to light touch is intact at all digital pulps of the left upper extremity; post-casting stiffness; and tenderness to palpation at the mobile wad. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, EMG/NCS Bilateral Upper Extremities is not medically necessary.