

Case Number:	CM15-0059834		
Date Assigned:	04/06/2015	Date of Injury:	03/21/2014
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 3/21/2014. She reported injuries from a trip and fall. The injured worker was diagnosed as having bilateral elbow contusions, Left TFCC tear, left wrist strain, left knee meniscus tear, cervical sprain/strain, lumbar strain and status post left knee arthroscopy. Treatment to date has included surgery, left wrist injection with steroid, acupuncture, physical therapy, occupational therapy and medication management. In progress notes dated 2/9/2015 and 2/26/2015, the injured worker complains of pain in the left knee. The treating physician is requesting electromyography (EMG)/nerve conduction study of the left upper extremity and orthopedic evaluation of bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 43.

Decision rationale: The injured worker sustained a work related injury on 3/21/2014. The medical records provided indicate the diagnosis of bilateral elbow contusions, Left TFCC tear, left wrist strain, left knee meniscus tear, cervical sprain/strain, lumbar strain and status post left knee arthroscopy. Treatment to date has included surgery, left wrist injection with steroid, acupuncture, physical therapy, occupational therapy and medication management. The medical records provided for review do not indicate a medical necessity for EMG/NCS of the left upper extremity. The records indicate the injured worker had these tests in 2014 and they were found to be normal. The records reviewed do not indicate presence of progressive neurological deficit, or changes since 2014 when the test was done. Furthermore, the Utilization reviewer stated that during a peer review telephone discussion with the treating provider, the provider acknowledged no treatments had been rendered to the elbows, including physical therapy and splinting. The MTUS recommends doing nerve conduction studies to confirm ulnar nerve entrapment if conservative treatment fails. Therefore, the request is not appropriate based on the fact that the injured worker had a normal study last year, and there is no indication the injured worker has failed conservative treatment, neither is there evidence of progressive neurological deficit.

Specialist referral for orthopedic evaluation and treatment, for the bilateral elbows:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 43, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 3/21/2014. The medical records provided indicate the diagnosis of bilateral elbow contusions, Left TFCC tear, left wrist strain, left knee meniscus tear, cervical sprain/strain, lumbar strain and status post left knee arthroscopy. Treatment to date has included surgery, left wrist injection with steroid, acupuncture, physical therapy, occupational therapy and medication management. The medical records provided for review do not indicate a medical necessity for Specialist referral for orthopedic evaluation and treatment, for the bilateral elbows. The records indicate the injured worker had an orthopedic consultation with a hand surgeon in 2014, following which she had steroid injection in the left wrist, and was given a 6 week appointment. The records do not include outcome of the follow up. Nevertheless, according to the report from the Utilization reviewer, the treating provider stated the injured worker has not had any conservative treatment for the elbow injury. The MTUS recommend detailed documentation of history, physical examination findings and treatment, as necessary tools in determining subsequent treatment.