MAXIMUS Federal Services

Case Number:	CM15-0080947		
Date Assigned:	05/01/2015	Date of Injury:	04/03/2013
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
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 is a 47 year old male patient who sustained an industrial injury on 04/03/2013. He initially felt an acute onset of a pulling sensation in the right elbow while lifting something. He did subsequently undergo surgery treating the right elbow with post-operative therapy course. A primary treating office visit dated 12/18/2014 reported subjective complaints of chronic bilateral upper extremity pain. He also is with right elbow pain that is relieved with the application of ice. He is currently not working and has been resting lately which does help to decrease the pain. Of note, the patient was authorized to receive a surgical consultation of which he has not scheduled an appointment. Prior medication regimen consisted of Naproxen, Diclofenac cream both offering good benefit, but both denied. He has undergone a right elbow ultra sound on 03/11/2014, along with a prior magnetic resonance imaging study on 09/19/2013. The patient is status post ultrasound guided percutaneous tendinopathy of the lateral right elbow on 05/06/2014. Current medications are: Ibuprofen 200mg over the counter. He was diagnosed with lateral and medial epicondylitis and was prescribed Ibuprofen 400mg, and Ketamine cream. The plan of care involved: follow up visit in four weeks. An initial pain management evaluation dated 03/03/2015 reported past treatment to include: physical therapy, acupuncture, surgery and injections. Current subjective complaints of occasional right elbow pain associated with swelling, and difficulty sleeping. The following diagnoses are applied: repetitive strain injury; right medial and lateral epicondylitis; status post right elbow surgery 06/06/2014, and chronic right elbow pain. The plan of care involved: encouraging exercises and no pain range, acupuncture, expected permanent and stationary in 2-6 weeks, urine testing, evaluated for

functional restoration program and prescribed Mobic, and Tramadol. He will be on temporary partial disability, and return to a modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS (electromyogram/nerve conduction studies) bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269, 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The claimant has chronic right elbow pain and is status post right elbow surgery approximately 1 year ago. His most recent visit of 3/17/15 the claimant complained of right elbow pain and there was no documentation of neurologic symptoms. MTUS guidelines recommend EMG if cervical radiculopathy is suspected and NCV and possible EMG if severe nerve entrapment is suspected on the basis of physical exam, denervation atrophy is likely and there is a failure to respond to conservative treatment. Routine EMG/NCV in the diagnostic evaluation of nerve entrapment or screening without significant symptoms is not recommended, therefore this request is deemed not medically necessary.