

Case Number:	CM15-0081984		
Date Assigned:	05/04/2015	Date of Injury:	07/30/2014
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/28/2015

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 34-year-old female patient who sustained an industrial injury on 07/30/2014. She had initial acute complaint of right elbow pain. She was seen and treated with physical therapy, acupuncture, two injections. An orthopedic consultation dated 02/19/2015 reported chief complaint of right hand numbness. She is currently with complaint of pain at the posterior medial aspect of the right elbow. She has numbness in the right index, middle and ring fingers intermittently. She is currently temporary totally disabled. She is allergic to both Vicodin and Codeine. Diagnostic testing to include: radiography study, magnetic resonance imaging, and electric nerve conduction study. The impression noted right cubital tunnel syndrome. The plan of care involved: dispensing Voltaren, and Protonix, elbow brace, undergo electric nerve conduction study and follow up visit. Another primary treating office visit dated 08/28/2014 reported the patient diagnosed with right cubital tunnel syndrome. She did note some slight relief with the Medrol. The plan of care involved: undergoing a nerve conduction study, and prescribing Prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: 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), Elbow Chapter, Surgery for Cubital Syndrome.

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: The patient has established diagnosis of cubital tunnel syndrome by previous EMG/NCV and continues to treat without functional benefit. Additionally, current submitted reports have not adequately demonstrated any change in chronic symptoms and clinical findings of neurological deficits suggestive of deterioration. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The EMG/NCV of bilateral upper extremities is not medically necessary and appropriate.