

Case Number:	CM15-0082202		
Date Assigned:	05/04/2015	Date of Injury:	05/03/2014
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/29/2015

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, Pain Management

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 33 year old female, who sustained an industrial injury on 5/3/14. She reported a left elbow injury. The injured worker was diagnosed as having chronic bilateral medial and lateral epicondylitis, chronic bilateral cubital tunnel syndrome and chronic bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, activity restrictions and carpal tunnel release. Currently, the injured worker complains of increased right wrist pain. Physical exam noted tenderness to palpation of bilateral medial and lateral epicondyle of the humerus and bilateral dorsal proximal forearm. A request for authorization was submitted for (EMG) Electromyogram studies and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of right wrist/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: Regarding the request for EMG/NCS of right wrist/elbow, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient's original injury was noted to be on the left and extensive treatment was utilized on that side. She subsequently developed symptoms on the right, but it does not appear that she has undergone a course of conservative management on the right as of yet. There is a pending course of PT that may obviate the need for additional diagnostic testing. In light of the above issues, the currently requested EMG/NCS of right wrist/elbow is not medically necessary.

Physical therapy, evaluation and treatment 2x4 for the right arm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient's original injury was noted to be on the left and extensive treatment was utilized on that side. She subsequently developed symptoms on the right, but it does not appear that she has undergone a course of conservative management on the right as of yet. In light of the above, the currently requested physical therapy is medically necessary.