MAXIMUS Federal Services

Case Number:	CM14-0126513		
Date Assigned:	08/13/2014	Date of Injury:	04/26/2012
Decision Date:	11/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and upper extremity pain reportedly associated with cumulative trauma at work first claimed on April 26, 2012. In a Utilization Review Report dated July 25, 2014, the claims administrator denied a request for electrodiagnostic testing of the right upper extremity. The claims administrator, in its denial, did reference earlier negative electrodiagnostic testing of May 18, 2012. The claims administrator did not incorporate cited MTUS or non-MTUS guidelines into its rationale. The claims administrator simply cited the guidelines and stated that the request was inconsistent with cited guidelines. The applicant's attorney subsequently appealed. In a January 10, 2014 progress note, the applicant was described as having ongoing issues with 5/10 elbow pain, attributed to elbow epicondylitis associated with cumulative trauma at work. It was stated that the applicant might also going to need an elbow epicondylar release procedure. In a handwritten note date July 8, 2014, the applicant again reported persistent complaints of elbow pain. Ancillary diagnoses included cubital tunnel syndrome, de Quervain tenosynovitis, and neck pain. Authorization was sought for an elbow epicondylar release surgery. The note was extremely difficult to follow, handwritten, and not entirely legible. On May 12, 2014, it was stated that the applicant was considering an ultrasound-guided elbow epicondylitis injection. The applicant was not working with a rather proscriptive 10-pound lifting limitation in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does support repetition of electrodiagnostic testing later in the course of treatment in applicants in whom earlier testing was negative and in whom symptoms persist, in this case, the documentation on file, while handwritten, difficult to follow, not entirely legible, seemingly suggested that bulk of the applicant's symptoms are localizable to the right elbow and are, in fact, associated with right lateral epicondylitis. The bulk of the information on file consists of the applicant's contemplating an elbow epicondylar release surgery. There was no mention made of the applicant's having residual symptoms of paresthesias about the right upper extremity suggestive of a carpal tunnel syndrome or other neuropathic process. Therefore, the request is not medically necessary.

EMG (Electromyography) Right Upper Extremity: 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): Neck & Upper Back (updated 05/30/14)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 261 does support repetition of electrodiagnostic testing later in the course of treatment in applicants in whom earlier testing was negative and in whom symptoms persist, in this case, however, there is no evidence that the applicant has residual neuropathic symptoms about the affected right upper extremity. The documentation on file is sparse, handwritten, difficult to follow, not entirely legible, ad seemingly suggested that the applicant's symptoms are localizable to the right elbow and are, in fact, a function of elbow epicondylitis. There was no mention made of the applicant's having any neuropathic symptoms suggestive of previously undiagnosed carpal tunnel syndrome, cervical radiculopathy, or ulnar neuropathy. Therefore, the request is not medically necessary.