

Case Number:	CM14-0129262		
Date Assigned:	08/18/2014	Date of Injury:	10/10/2013
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53 year old female who had a work-related injury on 10/10/13. The mechanism of injury occurred while she was attempting to open an elevator door and jammed her elbow when the door did not open. The accepted injuries were to the left elbow. The current diagnoses include medial and lateral epicondylitis to the left elbow and left elbow pain. Treatment has included medications, medical office visits, Cortisone injections, and modified duty. Most recent medical record submitted for review is dated 07/14/14. The injured worker complains of left elbow pain, which she describes as aching. She says that her pain increases with certain activities. Physical examination noted tenderness to palpation of the medial and lateral aspects of the left elbow. Movement of the left elbow causes pain. Range of motion of the left elbow is slowly improving. There is decreased sensation of the left ring and small fingers. On the prior utilization review, the pain management consult and treatment was modified to one visit. EMG/NCV studies were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consult and treatment (Qty)1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

Decision rationale: A referral may be for Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case they are requesting consult and treatment. Therefore medical necessity has been established.

(EMG) Electromyography Left Upper Extremity (qty) 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303 and 309.

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

Decision rationale: The request for (EMG) Electromyography Left Upper Extremity (qty) 1 is not medically necessary. The clinical documentation submitted does not support the request. There is no clinical evidence that the injured worker has any neurological abnormalities on physical examination. As such, medical necessity has not been established.

(NCV) Nerve Conduction Velocity (qty): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303, 309.

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

Decision rationale: The request for (NCV) Nerve Conduction Velocity (qty) 1 is not medically necessary. The clinical documentation submitted does not support the request. There is no clinical evidence that the injured worker has any neurological abnormalities on physical examination. As such, medical necessity has not been established.