

Case Number:	CM14-0132389		
Date Assigned:	08/22/2014	Date of Injury:	11/27/2012
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 46 year old male who sustained an injury on 11/27/12 while performing repetitive activities working with a servo valve pump. This job required repetitive motion of the upper extremities. The injured worker had been followed for complaints of pain in the cervical region as well as the upper extremities located at the lateral epicondyle, right side worse than left with associated tenderness to palpation over the epicondyles. Prior treatment has included physical therapy as well as acupuncture treatment. The injured worker had undergone prior Cortisone injections at the right lateral epicondylar region in February of 2013. Some improvement was obtained with Cortisone injections further reports. The injured worker had been prescribed anti-inflammatories and was also given wrist splints. As of December 2013, the injured worker reported improved symptoms in the right upper extremity with multiple injections to the right elbow. The injured worker had been given additional physical therapy and was released from care in December of 2013. The injured worker was seen on 08/04/14 with persistent complaints of pain in the right shoulder and right elbow. On physical exam, there was noted palpable tenderness to the right shoulder in the subacromial region. There was also severe tenderness to palpation in the right elbow over the upper epicondylar region. There were positive Tinel's sign bilaterally, right side worse than left with hyperesthesia in the ulnar innervated fingers. There was noted grip strength weakness right hand versus left. The injured worker was recommended to have repeat right lateral epicondylar cortisone steroid injections as well as electrodiagnostic studies. The requested right lateral epicondylar injection as well as electrodiagnostic studies for the upper extremities were both denied on 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lateral Epicondylar Cortisone Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Injections

Decision rationale: In review of the clinical documentation submitted, this reviewer would recommend the proposed right lateral epicondylar injection as medically necessary. This request would be appropriate given the injured worker's most recent physical exam findings which did note recurrent tenderness severe in nature at the right lateral epicondyle. Per guidelines, cortical steroid injections for right lateral epicondylitis would be considered standard care medically appropriate. The injured worker has had good response to prior injections from the clinical notes provided for review. Given the prior efficacy of injection therapy as well as the objective findings consistent with ongoing lateral epicondylitis in the right elbow, this request is medically necessary.

Electromyography EMG/ Nerve Conduction Studies NCS of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 239-240.

Decision rationale: In regards to the request for electrodiagnostic studies for upper extremities, this reviewer would not recommend the requested procedures as medically necessary. Although the injured worker may reasonably benefit from nerve conduction studies, there would be no requirement for EMG studies for the upper extremities. The injured worker does not have any objective evidence concerning possible cervical radiculopathy that would reasonably require this portion of the testing. From current evidence based guidelines, nerve conduction studies are indicated to rule out peripheral neuropathic problems. The injured worker's physical exam findings are consistent with a possible peripheral neuropathic condition; however, given the absence of any indication regarding a possible cervical radiculopathy the request as submitted would not be supported as medically necessary.