Case Number:	CM14-0088965		
Date Assigned:	07/23/2014	**Date of Injury:**	11/30/2011
Decision Date:	09/29/2014	**UR Denial Date:**	06/02/2014
Priority:	Standard	**Application Received:**	06/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 was reportedly injured on 11/30/2011. The mechanism of injury is noted as cumulative trauma (computer work) to upper extremities. The most recent progress notes dated 2/10/2014 and 6/5/2014, indicate that there are ongoing complaints of right elbow, forearm and wrist pain, numbness, tingling and weakness. Physical examination demonstrated tenderness over lateral/medial epicondyle and positive Tinel's sign bilaterally; normal elbow/wrist active range of motion; tenderness over anatomical snuff box with positive Finkelstein; positive Phalen's and Tinel's signs at wrist bilaterally; decrease sensation in digits 3-5 right hand; right wrist flexion/extension grade 3 motor; normal reflexes; and contralateral tenderness along the brachialis on the left. MRI of the right elbow dated 9/3/2013 showed evidence of moderate common extensor tendinosis with a small interstitial tear; mild to moderate common flexor and distal biceps tendinosis; no full thickness tendon tear or ligamentous injury. Plain radiographs of the right hand and elbow dated 2/10/2014 were normal. Electromyogram/nerve conduction velocity study dated 9/9/2013 was normal. Diagnosis: medial epicondylitis, lateral epicondylitis, radial styloid tenosynovitis and entrapment neuropathy. Previous treatment includes physical therapy, acupuncture and Duexis. A request was made for electromyography and nerve conduction velocity studies bilateral upper extremities, physical therapy 2X6 hand specialist, and a transcutaneous electrical nerve stimulation unit for trial, which were not certified in the utilization review on 6/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. Review of the available medical records, reveals an EMG/NCV in September 2013 which was normal and an MRI of the right elbow with tendinosis and a small interstitial tear. The request to repeat EMG/NCV studies is not considered medically necessary.

Nerve Conduction Velocity Studies bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Chronic Pain Treatment Guidelines Official Disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image (MRI) is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. Review of the available medical records, reveals an EMG/NCV in September 2013 which was normal and an MRI of the right elbow with tendinosis and a small interstitial tear. The request to repeat EMG/NCV studies is not considered medically necessary.

Physical therapy 2 X6 hand specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist, & Hand (Acute & Chronic); (not including "Carpal Tunnel Syndrome") - Physical/Occupational Therapy (updated 08/08/14).

Decision rationale: Official Disability Guidelines supports #12 physical therapy visits over 8 weeks for radial styloid tenosynovitis. After review of the available medical records, the injured worker underwent #6 sessions of physical therapy and #12 occupational therapy visits. The current request for #12 sessions of physical therapy with hand specialists exceeds the allowable amount per treatment guidelines. As such, this request is not considered medically necessary.

Transcutaneous Electrical Nerve Stimulation unit for trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support transcutaneous electrical as a treatment option for postoperative pain, neuropathic pain, Phantom limb pain, spasticity, and multiple sclerosis. Based on the clinical documentation provided, the transcutaneous electrical nerve stimulation (TENS) unit will be used for the treatment for right upper extremity pain consistent with lateral epicondylitis and tendinosis. Electromyogram/nerve conduction velocity studies from September 2013 were normal. The request for TENS unit trial is not supported by guideline criteria; therefore, is not considered medically necessary.