

Case Number:	CM14-0093337		
Date Assigned:	07/25/2014	Date of Injury:	02/06/2013
Decision Date:	10/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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:

Medical records reflect the claimant is a 39 year old female who sustained a work injury on 2-6-13. The claimant has been treated with medications injections. She has had MRI of the right elbow and wrist. It was noted the claimant had an MRI that showed a 2 mm dorsal ganglion and a 3 mm volar radial wrist ganglion. Office visit on 5-27-14 notes the claimant has right upper extremity pain. She was injured when lifting a 25-30 lbs box at work. She reports that she has been off work since 6-25-13 and that her symptoms have improved, but continues to have pain throughout her right upper extremity up to her neck at times. The claimant reports intermittent numbness and tingling in the right hand and wrist. Her current medications included Tramadol. On exam, the claimant had intact motor exam, full range of motion, positive Tinel's at the median nerve at the right wrist. The evaluator noted the claimant had right upper extremity out of proportion to any clinical diagnosis and symptom magnification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Testing (EMG/NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand - electrodiagnostic studies.

Decision rationale: ODG notes that electrodiagnostic testing is recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. (Bienek, 2006) Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. WC patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. Medical Records reflect this claimant has symptom magnification and findings that are out of proportion with her physical exam findings. There is an absence in documentation noting that this claimant has a peripheral nerve injury. Therefore, the medical necessity of this request is not established.

Nerve Conduction Velocity Studies (NCV) Bilateral Upper Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Testing (EMG/NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand, forearm and wrist chapter - electrodiagnostic testing

Decision rationale: ODG notes that electrodiagnostic testing is recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. (Bienek, 2006) Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. WC patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. Medical Records reflect this claimant has symptom magnification and findings that are out of proportion with her physical exam findings. There is an absence in documentation noting that this claimant has a peripheral nerve injury. Therefore, the medical necessity of this request is not established.

MRI Right Elbow With Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging (MRI)

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

Decision rationale: ACOEM notes that MRI is not recommended for routine evaluation of acute, subacute, or chronic elbow joint pathology, including degenerative joint disease. There is an absence in documentation noting that this claimant has any red flags to support performing an MRI of the right elbow. Therefore, the medical necessity of this request is not established.

MRI Right Elbow Without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging (MRI)

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Decision rationale: ACOEM notes that MRI is not recommended for routine evaluation of acute, subacute, or chronic elbow joint pathology, including degenerative joint disease. There is an absence in documentation noting that this claimant has any red flags to support performing an MRI of the right elbow. Therefore, the medical necessity of this request is not established.