

Case Number:	CM15-0118082		
Date Assigned:	06/26/2015	Date of Injury:	05/21/2014
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 22 year old female, who sustained an industrial injury on May 21, 2014. The injured worker reported mechanical injury to the right hand due to her fingers being pinched in a machine. The injured worker was diagnosed as having right lateral epicondylitis, right wrist degenerative disc disease (DDD), and right peripheral nerve injury. Treatment to date has included physical therapy, massage, ultrasound, heat packs, ice, electromyogram and medication. A progress note dated May 6, 2015 provides the injured worker complains of right elbow and wrist pain rated 5/10 at the time of exam and usually 3-5/10. She reports numbness and tingling in the hand and fingers and burning in the wrist. She drops things frequently. X-rays and electromyogram were reviewed. Physical exam notes decreased range of motion (ROM) of the right wrist. There is tenderness on palpation of the right epicondyle and wrist. The plan includes electromyogram, x-rays, follow-up, possible magnetic resonance imaging (MRI), wrist brace and topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BUE x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78 Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case bilateral EMG/NCV was conducted on 2/2/2015, showing results within normal limits. There is no evidence of neurologic physical exam abnormalities provided in the documents to substantiate repeat testing, and therefore it is unlikely that further electrodiagnostics will provide clinical value. Therefore, per the guidelines, the request for EMG/NCV is not medically necessary.

Follow-Up 2 Weeks after the EMG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: There is no specific guidance or criteria regarding follow up clinic visits in the MTUS, however, the MTUS does utilize the ACOEM guidelines, and according to the section on Cornerstones of Disability Prevention and Management, clinicians can provide extra support to make sure anxious or reluctant patients return to full function as soon as possible in order to avoid inadvertently rewarding avoidance behavior or phobic-like reactions. Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are often warranted for monitoring in order to provide structure and reassurance. In this case, however, the follow up request is specifically written for an EMG/NCV that is not considered medically necessary. Therefore, the follow up in this case is not medically necessary.

X-Rays of the Right Elbow and Right Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ODG provides a mechanism for assessment of x-rays in cases of elbow pain, stating that radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body.

Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. In this case, the chronicity of symptoms and lack of prior films indicate that x-rays may be valuable to rule out pathology. X-rays of the elbow are medically necessary and warranted in this case, particularly prior to consideration of further imaging studies.