

Case Number:	CM15-0125691		
Date Assigned:	07/10/2015	Date of Injury:	11/18/2014
Decision Date:	08/06/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male who sustained an industrial injury on 11/18/2014. Mechanism of injury when moving a metal panel with another worker and he injured his left arm. Diagnoses include strain of ligament or muscle and nerve pain. Treatment to date has included diagnostic studies, and physical therapy. The injured worker was told to return to modified duty with restriction. A physician progress note dated 06/09/2015 documents the injured worker complains that his left arm pain is unchanged and even a little worse. The pain comes and goes. He is losing sleep 2 times a week due to his left arm pain, discomfort, and is unable to lift his daughter with his left arm and she weighs 20 pounds. On examination, there is tenderness and pain at his left elbow. He has intense nerve pain while doing certain movement, especially flexion type action. Treatment requested is for EMG/NCS-left upper extremity, and a Neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, 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), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for left arm pain. His injury occurred while moving a metal panel when he felt pain and is being treated for a biceps strain. When seen, he had worsening symptoms. He was having intermittent pain. He was having difficulty sleeping. There was left elbow tenderness and pain. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic left elbow pain due to a biceps strain. There is no new injury or significant change in either symptoms or physical examination findings. The reason for the consultation is not described and there are no abnormal neurological examination findings. The requested neurology consultation is not medically necessary.

EMG/NCS - left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for left arm pain. His injury occurred while moving a metal panel when he felt pain and is being treated for a biceps strain. When seen, he had worsening symptoms. He was having intermittent pain. He was having difficulty sleeping. There was left elbow tenderness and pain. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for obtaining left upper extremity EMG or NCS testing at this time. This request is not medically necessary.