

Case Number:	CM15-0072711		
Date Assigned:	04/23/2015	Date of Injury:	07/03/2014
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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: California

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:

This 34 year old woman sustained an industrial injury on 7/3/2014 while lifting and loading cases of beer from the cooler. Diagnoses include lateral epicondylitis. Treatment has included oral medications and physical therapy. Physician notes dated 3/12/2015 show complaints of pain in the right elbow with vague paresthesias into her right hand. Recommendations include right elbow MRI, Relafen, Capsaicin cream, and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chp 1, pg 3; Chp 10 pg 33-4. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Chronic Elbow Pain, 1998, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the elbow are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue or damage to soft tissues. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care. The provider suspects an occult injury, such as a tendon tear. Both the ACOEM guidelines and the American College of Radiology guidelines support this procedure at this juncture in the care of this patient. Medical necessity has been demonstrated.

EMG of the bilateral 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): Chp 8 pg 178; Chp 10 pg 33-4.

Decision rationale: Electromyography (EMG) is used as a diagnostic test used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles. Criteria for its use are very specific. The test will identify physiologic and structural abnormalities that are causing nerve dysfunction, although the literature does not support its routine use to evaluate for nerve entrapment. It can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). The ACOEM guidelines recommends its use for diagnosis of chronic elbow pain after 6 weeks of conservative care fails to resolve the patient's symptoms and the provider thinks nerve injury, such as a cervical radiculopathy, may be the etiology. Since this patient is experiencing intermittent hand paresthesias that cannot be explained by her elbow, pathology (Lateral Epicondylitis) the provider is requesting the EMG to help direct further care. An EMG of the right upper extremity makes sense in this situation and follows the ACOEM guideline. However, there is no need for an EMG of the left upper extremity. Medical necessity for EMG of bilateral upper extremities has not been established.