

<b>Case Number:</b>	CM15-0074131		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Emergency 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 57 year old male, who sustained an industrial injury on 05/15/2014. He has reported injury to the right upper extremity and right knee. The diagnoses have included right elbow sprain/strain; right medial epicondylitis; and right knee sprain/strain, status post right knee arthroscopy on 02/06/2015. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. A progress note from the treating physician, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain over the right medial epicondyle. Objective findings included continued pain over the right medial epicondyle consistent with medial epicondylitis. The treatment plan has included the request for NCS (Nerve Conduction Study) of the upper right extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of the upper right extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

**Decision rationale:** The requested NCS of the upper right extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has pain over the right medial epicondyle. Objective findings included continued pain over the right medial epicondyle consistent with medial epicondylitis. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The criteria noted above not having been met, NCS of the upper right extremity is not medically necessary.