

<b>Case Number:</b>	CM13-0000793		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/21/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	06/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2013

### 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 Neurosurgery, and is licensed to practice in California. 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:

The patient is an employee of [REDACTED] and has submitted a claim for medial and lateral epicondylitis of the right elbow associated with an industrial injury date of April 21, 2013. Treatment to date has included oral analgesics, home exercises and physical therapy. Medical records from 2013 were reviewed and showed intermittent, sharp right elbow pain with numbness, tingling and nocturnal symptoms. Physical examination of the right elbow revealed tenderness at the right lateral epicondyle, a positive Tinel's at the ulnar groove on the right, and decreased grip strength of the right hand. He is currently diagnosed with medial and lateral epicondylitis. There was slow improvement of the condition with the help of physical therapy. EMG/NCV of the right upper extremity was requested to rule out entrapment neuropathy. Utilization review dated June 5, 2013 denied the request for EMG/NCV of the right upper extremity because there was no objective assessment of functional response to conservative treatment to substantiate failure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY OF THE RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG, Electrodiagnostic Testing (EMG/NCS) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** MTUS ACOEM guidelines state that electromyography (EMG) studies 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, the patient has been complaining of right elbow pain with numbness, tingling and nocturnal symptoms and was diagnosed to have medial and lateral epicondylitis. Physical examination showed decreased grip strength of the right hand and a positive Tinel's at the ulnar groove on the right for which an EMG/NCV for the right upper extremity was requested to rule out nerve entrapment. However, the medical records submitted and reviewed do not include a comprehensive physical examination (i.e., deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support such diagnosis. Therefore, the request for electromyography of the right upper extremity is not medically necessary.

**NERVE CONDUCTION VELOCITY STUDIES OF THE RIGHT UPPER EXTREMITY:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG, Electrodiagnostic Testing (EMG/NCS) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** MTUS ACOEM guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. In this case, the patient has been complaining of right elbow pain with numbness, tingling and nocturnal symptoms and was diagnosed to have medial and lateral epicondylitis. Physical examination showed decreased grip strength of the right hand and a positive Tinel's at the ulnar groove on the right for which an EMG/NCV for the right upper extremity was requested to rule out nerve entrapment. However, medical records submitted and reviewed do not include a comprehensive physical examination (i.e., deep tendon reflexes, sensory evaluation, presence / absence of atrophy, among others) that will support such diagnosis. Therefore, the request for nerve conduction velocity studies of the right upper extremity is not medically necessary.