

<b>Case Number:</b>	CM13-0004314		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	06/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 53-year-old male with a 4/19/13 date of injury. At the time (6/17/13) of request for authorization for 1 NCV (Nerve Conduction Velocity) Bilateral Upper Extremities and 1 EMG(Electromyography) Bilateral Upper Extremities, there is documentation of subjective (bilateral elbow, forearm, wrist, and hand pain associated with numbness and tingling involving all digits of both hands with right side worse than left) and objective (examination of the bilateral upper extremities reveals tenderness over the medial epicondylar region, positive Tinel's sign over the cubital tunnel eliciting paresthesias in an ulnar nerve distribution, positive Phalen's and Finkelsteins, and restricted range of motion in the elbow and wrist) findings, current diagnoses (bilateral elbow medial and lateral epicondylitis with suspected bilateral cubital tunnel syndrome and bilateral forearm/wrist flexor and de Quervain's tenosynovitis with suspected right-sided carpal tunnel syndrome), and treatment to date (not specified). There is no documentation of nerve entrapment that has not responded to conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 NCV BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV(Electromyography/Nerve Conduction Velocity). ODG identifies that EMG (Electromyography) is useful in cases where clinical findings are unclear, there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of bilateral elbow medial and lateral epicondylitis with suspected bilateral cubital tunnel syndrome and Final Determination Letter for IMR Case Number CM13-0004314 4 bilateral forearm/wrist flexor and de Quervain's tenosynovitis with suspected right-sided carpal tunnel syndrome. In addition, there is documentation of subjective/objective findings consistent with nerve entrapment. However, there is no documentation of nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for NCV(Nerve Conduction Velocity) Bilateral Upper Extremities is not medically necessary.

**1 EMG BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV(Electromyography/Nerve Conduction Velocity). ODG identifies that EMG (Electromyography) is useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of diagnoses of bilateral elbow medial and lateral epicondylitis with suspected bilateral cubital tunnel syndrome and bilateral forearm/wrist flexor and de Quervain's tenosynovitis with suspected right-sided carpal tunnel syndrome. In addition, there is documentation of subjective/objective findings consistent with nerve entrapment. However, there is no documentation of nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG (Electromyography) Bilateral Upper Extremities is not medically necessary.