

<b>Case Number:</b>	CM13-0020297		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/24/2013
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow and forearm pain reportedly associated with an industrial injury of March 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnoses with medial and lateral epicondylitis; x-rays of the injured elbow, notable for degenerative bone spurring; MRI imaging of the injured elbow, apparently notable for an ulnar neuropathy; consultation with an orthopedic elbow surgeon, who apparently declined to intervene operatively; and work restrictions. In a utilization review report of August 16, 2013, the claimant's administrator apparently denied a request for electrodiagnostic testing of the left upper extremity. A clinical progress note of September 5, 2013 is notable for comments that the applicant reports persistent elbow pain with associated numbness, tingling, and paresthesias about the left ring and small fingers. A positive Tinel sign is noted at the elbow with diminished grip strength and reduced sensorium noted about the ring and small fingers. The applicant has returned to work with a 10-pound lifting limitation. An application for IMR is made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG/NCS of the left upper extremity: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)- Disability Duration Guidelines ( Official Disability Guidelines 9th Edition)/Work Loss Data Institute..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** In this case, the operating diagnosis given is that of ulnar neuropathy/ulnar nerve entrapment. As noted in the MTUS-adopted ACOEM Guidelines in chapter 10, proper testing to localize an ulnar nerve entrapment includes nerve conduction testing above and below the elbow, although it is incidentally noted that the literature does not clearly define a role for the technique to be employed in testing. The employee has had persistent symptoms of numbness, tingling, and paresthesias for several months which have proven recalcitrant to conservative measure, including physical therapy and a steroid injection. Significant pain, paresthesias, and functional deficits in terms of work status persist. As further noted, EMG testing can help to distinguish between a possible cervical radiculopathy with referred arm pain and a peripheral ulnar neuropathy. Obtaining electrodiagnostic testing to confirm a diagnosis of ulnar nerve entrapment is indicated here. The request for EMG/NCS of the left upper extremity is medically necessary and appropriate.