

<b>Case Number:</b>	CM13-0042205		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 06/27/2013. The primary diagnosis is an elbow sprain. On 08/29/2013, an orthopedic primary treating physician evaluation notes that this patient is a 51-year-old woman who was initially injured with the mechanism of injury that she made several trips to load boxes and on the last trip she went to pull back on the dolly and she experienced a strain/twinge in her right elbow. The patient complained of constant aching pain and tenderness in the elbow with throbbing and burning. There was no radiation in the arm. The patient reported tingling in the elbow. On physical examination, the patient had normal upper extremity strength with symmetrical sensation. Tinel's sign was negative at the wrists and elbows bilaterally. Sensation was intact throughout both upper extremities. Jamar grip was normal in both upper extremities. The treating physician diagnosed the patient with a right elbow sprain, rule out tendinitis, and requested authorization for electrodiagnostic studies to rule out a peripheral nerve entrapment disorder. An initial physician review noted that there were no neurological symptoms or findings to suggest an indication for an electrodiagnostic study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY(EMG) OF THE LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM) Guidelines, Elbow Disorders, 2008, pages 601-602.

Additionally, Occupational Medical Practice Guidelines (OMPG), 2nd Edition, 2008 pages 601-602. (ODG) Official Disability Guidelines, Pain Electrodiagnostic Testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM Guidelines, chapter 8/neck, page 178, states that electromyography may be helpful to identify subtle focal neurological dysfunction in the upper extremities based on symptoms lasting more than 3 or 4 weeks. Implicit in this guideline is that an electrodiagnostic study should be performed based on a specific differential diagnosis. At this time the medical records do not clearly document any specific neurological symptoms or neurological exam findings. Moreover, the stated differential diagnosis in the treating physician report does not include diagnoses which can be identified by electromyography. Therefore, the medical records and guidelines do not document an indication for electromyography study. This request is not medically necessary.

**ELECTROMYOGRAPHY(EMG) OF THE RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM) Guidelines, Elbow Disorders, 2008, pages 601-602. Additionally, Occupational Medical Practice Guidelines (OMPG), 2nd Edition, 2008 pages 601-602. (ODG) Official Disability Guidelines, Pain Electrodiagnostic Testing.

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**NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM) Guidelines, Elbow Disorders, 2008, pages 601-602. Additionally, Occupational Medical Practice Guidelines (OMPG), 2nd Edition, 2008 pages 601-602. (ODG) Official Disability Guidelines, Pain Electrodiagnostic Testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM Guidelines, chapter 8/neck, page 178, states that electromyography and nerve conduction velocities may be helpful to identify subtle focal neurological dysfunction in the upper extremities based on symptoms lasting more than 3 or 4 weeks. Implicit in this guideline is that an electrodiagnostic study should be performed based on a specific differential diagnosis. At this time the medical records do not clearly document any specific neurological symptoms or neurological exam findings. Moreover, the stated differential diagnosis in the treating physician report does not include diagnoses which can be identified by electromyography. Therefore, the medical records and guidelines do not document an indication for electromyography study. This request is not medically necessary.

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