

<b>Case Number:</b>	CM13-0050175		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 44-year-old male with a reported date of injury on 03/30/2012. The worker was injured while loading 87 pound bags for customers. He felt pain to his right side, upper back, and radiating pain over his right arm, and right chest pain. An MRI of the right elbow dated 11/08/2013 demonstrated tendonitis and possible low grade partial tear at the posterolateral aspect of the elbow at the origin of the most common extensor tendon. The progress report dated 01/22/2014 listed the diagnoses as late effects of the right elbow strain and sprain, right lateral epicondylitis with possible low grade partial tear at the posterolateral aspect at the origin of the common extensor tendon, muscle guarding, sleeplessness, and daily fatigue. The progress note also stated the injured worker reported 5-8/10 pain. The progress note stated the injured worker was taking less medication with less frequency and there was less throbbing pain. The injured workers medication regimen included Norco, tramadol, and ibuprofen. The Request for Authorization Form for a nerve conduction study and electromyography testing for pain and numbness in the right upper extremity was submitted on 10/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 42-43.

**Decision rationale:** The request for electromyography of the right upper extremity for the elbow is non-certified. The injured worker has no documentation regarding physical therapy or conservative treatment. ACOEM Guidelines recommend electromyography study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. ACOEM also recommends a nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is failure to respond to conservative treatment. Within the documentation submitted there was a lack of physical therapy notes or any type of conservative treatment attempted other than medications. It was unclear if the injured worker had any significant findings upon physical exam which would indicate the injured workers need for electrodiagnostic testing. Therefore, the request is non-certified.

**NERVE CONDUCTION STUDIES (NCS) OF THE RIGHT UPPER EXTREMITY FOR THE RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 42-43.

**Decision rationale:** The request for nerve conduction studies of the right upper extremity for the right elbow is non-certified. The ACOEM Guidelines recommend electromyography study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. ACOEM also recommends a nerve conduction study and possibly EMG if severe nerve entrapment is suspected at the basis of physical examination, denervation atrophy is likely, and there is failure to respond to conservative treatment. There is a lack of documentation regarding physical therapy and failed conservative treatment. It was unclear if the injured worker had any significant findings upon physical exam which would indicate the injured workers need for electrodiagnostic testing. Therefore, the request is non-certified.