

<b>Case Number:</b>	CM14-0108244		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 injured worker is a 39 year old female who reported an injury on 04/29/2013. The mechanism of injury was not indicated. The injured worker's diagnoses included strain of right elbow and wrist. Past treatments included medications and acupuncture. Diagnostic testing included a bilateral ultrasound findings included right ulnar neuritis and right common flexor and extensor tendon origin mild edema and thickening and an NCV study which was performed on an unknown date and revealed normal findings. Surgical history was not included. The injured worker complained of pain rated 6/10 and tenderness to the right elbow and wrist. Physical exam of the right elbow, there was tenderness in the medial and lateral epicondyle region and ulnar process, on 07/08/2014. Physical exam on 04/22/2014 showed range of motion demonstrated 120 degrees of flexion, extension was 0 degrees, and pronation and supination were 95 degrees. Medications included Ibuprofen 800mg 1 tablet every 6 hours as needed for pain. The treatment plan was for NCV (nerve conduction velocity) of right upper extremity and EMG (electromyography) of right upper extremity. Request for authorization submitted on 04/22/2014. The physician recommended an EMG/NCV of the right upper extremity due to persistent numbness and tingling into the right ulnar nerve distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV(Nerve Conduction Velocity Test) Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** There is a lack of documentation stating evidence of any fractures. The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The guidelines recommend NCV for median or ulnar impingement at the wrist after failure of conservative treatment. The guidelines do not recommend routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. The injured worker has a positive Tinel's and a negative Phalen's to the right wrist. The documentation indicates an NCV was previously performed which was normal; however, the official NCV report and the date of the testing are not indicated. There is a lack of documentation demonstrating the need for repeat testing. As such the request is not medically necessary.

**EMG(Electromyography) Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electromyography (EMG).

**Decision rationale:** The California MTUS/ACOEM guidelines state in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The guidelines recommend NCV for median or ulnar impingement at the wrist after failure of conservative treatment. The guidelines do not recommend routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. The Official Disability Guidelines state electromyography is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies. The injured worker has a positive Tinel's and a negative Phalen's to the right wrist. The documentation indicates an NCV was previously performed which was normal; however, the official NCV report and the date of the testing are not indicated. There is no indication that diagnosis was difficult with NCV. As such EMG (Electromyography) Right Upper Extremity is not medically necessary and appropriate.