

Case Number:	CM14-0136488		
Date Assigned:	09/10/2014	Date of Injury:	03/26/2013
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 patient is a 40 year old female who sustained an industrial injury on 3/26/2013, to the right elbow. She has been treating for diagnosis of right lateral epicondylitis. Treatment has included NSAIDS, muscle relaxants, physical therapy, tennis elbow brace, ergonomic adjustments, work restrictions, TENS and cortisone injections to the elbow. The peer review on 7/24/2014 partially certified the request for EMG/NCV of the right upper extremity to certify only the NCV of the right upper extremity. As detailed in the guidelines, an NCV would be appropriate to evaluate for diagnosis of peripheral neuropathy. An EMG is only necessary when radiculopathy is under consideration or in difficult cases. According to the 7/16/2014 PR-2, the patient complains of continued pain and discomfort of the right elbow, she now reports some intermittent numbness and tingling involving the hand to the 3-5th fingers, and some aching and discomfort to the neck and shoulder. Examination documents slight tenderness at the right lateral epicondyle, mild swelling and tenderness with positive Tinel's sign right cubital tunnel, slight weakness intrinsic motor testing in the hand with slight decreased sensation right fifth finger, slight limits horizontal torsion and lateral bend in the cervical spine and abduction and flexion in the right shoulder. Diagnoses are epicondylitis lateral tennis elbow, right; rule out cubital tunnel syndrome, right. The elbow strap and medications are proving effective for her symptoms in the lateral epicondylar region. EMG nerve conduction study of the right upper extremity is requested. The patient is advised to continue medication and elbow strap. The 7/24/2014 letter documents the chart review and peer discussion regarding the request of EMG nerve conduction study for the patient with lateral epicondylitis and concerns regarding posterior interosseous nerve entrapment versus median and ulnar nerve entrapment. It appears acceptable that nerve conduction alone could be done rather than EMG as well. Diagnosis is right lateral epicondylitis. The 8/12/2014

EMG study reveals there is no electrodiagnostic evidence of any median, ulnar, or radial neuropathies in the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 34;261.

Decision rationale: According to the CA MTUS/CA MTUS, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The guidelines also state "Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. 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 a failure to respond to conservative treatment." The patient has been treating for diagnosis of lateral epicondylitis; she has complaints of intermittent numbness and tingling involving the hand to the 3-5th fingers. There is no indication of cervical radiculopathy. As detailed by the guideline NCV is adequate and appropriate to evaluate for potential peripheral neuropathy. The medical necessity of an EMG of the right upper extremity is not established.