

<b>Case Number:</b>	CM14-0152811		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Illinois. 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 49-year-old female who reported an injury on 04/30/2014 reportedly when she slipped and fell, landing on the wet floor striking her head and sustaining injuries to her buttocks, entire back, and left side of the body including the elbow. The injured worker's treatment history included medications, physical therapy, x-rays. The injured worker had undergone x-rays on 06/30/2014 and it was documented the injured worker's x-ray of the skull showed a hematoma. X-ray of the elbow was negative for fracture. X-ray of the cervical and thoracic spine was negative for fracture. The injured worker was evaluated on 08/08/2014. It documented the injured worker complained of left elbow pain. She reported that her fingers are numb and tingling. She also stated that her shoulders began to hurt. Objective findings on the physical examination revealed the injured worker's left elbow showed there was no discoloration or deformities, erythema, or edema. There were normal flexions and extinctions (extensions per report). There was good grip strength. There was normal capillary refill. There was palpable tenderness right on the epicondyle. Oppositional force to the back of the hand and pressure on the epicondyle increased the pain. Within 15 seconds, the numbness and tingling increased in her left hand. Diagnoses included left elbow pain, and numbness and tingling in the fingers. The request for authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an Electromyography (EMG) of the upper extremities is not medically necessary and appropriate. California American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG of the upper extremity. The documentation submitted on 06/30/2014 revealed the injured worker had undergone x-rays of the elbow which was negative for a fracture. It was noted the injured worker sustained trauma to the elbow and developed numbness and tingling in the fingers. However, the provider failed to include duration of numbness and tingling in the fingers for the injured worker. As such, the request for EMG, left upper extremity, is not medically necessary.

**Consultation with a Hand/Elbow Specialist (Left Elbow):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Summary Updated 07/10/2014 Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163.

**Decision rationale:** The requested is not medically necessary. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. The request for consultation with a hand/elbow specialist, left elbow, is not medically necessary.

**NCT Left Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested is not medically necessary. California American College of Occupational and Environmental Medicine (ACOEM) state that Electromyography (EMG), and

nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and metanalysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCV. The physical examination noted numbness and tingling in the fingers. The included medical documents lack evidence of muscle weakness, decreased sensation, and other symptoms which would indicate nerve impingement. The guidelines do not recommend nerve conduction studies. As such, the request for nerve conduction test (NCT), left upper extremity, is not medically necessary.