

Case Number:	CM14-0156916		
Date Assigned:	09/29/2014	Date of Injury:	08/24/2012
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

This is a 35 year old male with an 8/24/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/14/14 noted subjective complaints of bilateral arm, elbow, wrist, and hand pain. Objective findings included 5/5 motor strength and normal sensation in bilateral upper extremities. DTRs were symmetric in upper extremities. Diagnostic Impression: right elbow epicondylitis, rule out carpal tunnel syndrome Treatment to Date: medication management, physical therapy. A UR decision dated 9/4/14 denied the request for EMG/NCS of the right upper extremity. The clinical information submitted does not provide any significant objective findings upon examination suggestive of neurological compromise that would suggest there is a medical necessity for the requested electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electromyography (EMG) and Nerve Conduction Study (NCS) of the Right Upper Extremity between 9/2/2014 and 10/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179; 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: The MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there are no objective findings consistent with radiculopathy/nerve entrapment on physical examination. There is noted to be normal motor and sensory examinations of upper extremities bilaterally. There is also no clear documentation of failure of conservative treatment. Therefore, the request for Electromyography (EMG) and Nerve Conduction Study (NCS) of the Right Upper Extremity between 9/2/2014 and 10/17/2014 was not medically necessary.