

<b>Case Number:</b>	CM14-0159077		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 56 year old man with a date of injury of 5/5/11. The most recent note in the chart was from 8/5/14 from his orthopedic hand surgeon. He was status post right elbow biceps tendon repair and radial tunnel release in 5/14 and received a course of occupational therapy. He reported doing well with moderately improved cramping and spasticity to the arm. He continued to have aching and noted a flare of arthritic pain. His exam showed active range of motion of the right elbow with extension to flexion 5-145 degrees and supination/pronation at 80 degrees. He had mild edema at the lateral aspect of the elbow and was otherwise non tender and neurovascularly intact. His diagnosis was right elbow biceps tendon repair, radial tunnel release and flare of osteoarthritic changes. At issue in this review is the request for EMG/NCV of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Electrodiagnostic Studies (EDS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker had recent surgery and per the available records, there are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for EMG of the bilateral upper extremities.

**NCS of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Electrodiagnostic Studies (EDS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. This injured worker had recent surgery and per the available records, there are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCV of the bilateral upper extremities.