

<b>Case Number:</b>	CM14-0164162		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Pain Management 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 52-year-old female with a reported date of injury on 05/05/2014. The injury reportedly occurred when the injured worker was going in the elevator and the elevator door closed, hurting her left arm, and the pain traveled to her upper arm and shoulder. Her diagnoses were noted to include contusion of the left upper extremity centered around the elbow. Her previous treatments were noted to include chiropractic treatment, activity modification, bracing, and medications. The progress note dated 09/22/2014 revealed complaints of pain to the left arm with intermittent numbness. The injured worker indicated the therapy had increased her ranges of motion and that she had been performing home exercises. The physical examination to the left upper extremity revealed tenderness along the medial forearm and a full range of motion to the left upper extremity that included the shoulder, elbow, wrist, hand, and digits. The end range pain was noted with left elbow motion, and there was bruising on the proximal forearm due to treatment. There was diffuse tenderness of the left elbow noted, and no sensory deficits. The Request for Authorization form dated 09/22/2014 was for an electromyography/nerve conduction velocity of the left upper extremity to verify radicular complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 1 Prevention Page(s): 42-43.

**Decision rationale:** The request for an EMG/NCV of the left upper extremity is not medically necessary. The injured worker complains of pain to the left arm with intermittent numbness to the left arm. CA MTUS/ACOEM Guidelines state for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month, such as: Electromyography 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. There is a lack of documentation regarding neurological deficits to warrant electromyography/nerve conduction study. Therefore, the request is not medically necessary.