

<b>Case Number:</b>	CM14-0024061		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Neurologist and is licensed to practice in Texas, Ohio, and Massachusetts. 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 33-year-old female who reported an injury on 04/11/2012. The mechanism of injury was not stated. Current diagnosis is lateral epicondylitis. The latest Physician Progress Report submitted for this review is documented on 04/04/2014. The injured worker presented with complaints of left elbow pain. Previous conservative treatment includes 2 sessions of physical therapy. Physical examination on that date revealed lateral epicondyle tenderness with positive laxity testing and pain free range of motion. Treatment recommendations at that time included continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTERNAL DIAGNOSTIC TEST ELECTROMYOGRAPHY (EMG), LEFT ELBOW QUANTITY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state nerve conduction study and possibly an EMG may be indicated if severe nerve entrapment is suspected on the basis of

physical examination, and there is a failure to respond to conservative treatment. As per the documentation submitted, the injured worker's physical examination only revealed positive laxity testing and tenderness to palpation. There was no mention of an exhaustion of conservative treatment. The injured worker had only participated in 2 sessions of physical therapy. As the medical necessity has not been established, the current request is not medically appropriate.

**EXTERNAL DIAGNOSTIC TEST NERVE CONDUCTION VELOCITY (NVC), LEFT ELBOW QUANTITY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state nerve conduction study and possibly an EMG may be indicated if severe nerve entrapment is suspected on the basis of physical examination, and there is a failure to respond to conservative treatment. As per the documentation submitted, the injured worker's physical examination only revealed positive laxity testing and tenderness to palpation. There was no mention of an exhaustion of conservative treatment. The injured worker had only participated in 2 sessions of physical therapy. As the medical necessity has not been established, the current request is not medically appropriate.