Case Number:	CM14-0027575		
Date Assigned:	03/07/2014	**Date of Injury:**	10/12/2009
Decision Date:	07/24/2014	**UR Denial Date:**	02/06/2014
Priority:	Standard	**Application Received:**	03/05/2014

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, 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:

This is a female patient with the date of injury of October 12, 2009. A progress report dated November 4, 2013 identifies subjective complaints of constant 7/10 right elbow pain with numbness and tingling right ring and small finger. Objective Findings identify positive Tinel's test at the right elbow. The patient had decreased sensation to light touch at the right small finger and ring finger. Diagnoses identify right cubital tunnel syndrome, bilateral wrist tendonitis, and chronic neck pain. The treatment plan identifies continue using elbow brace, home exercise program, and bilateral upper electromyography (EMG)/ Nerve conduction velocity (NCV).

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE RIGHT AND LEFT UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for electromyography (EMG) of the right and left upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, symptoms and findings of focal neurologic dysfunction are noted. As such, the currently requested electromyography (EMG) of the right and left upper extremities is medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT AND LEFT UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for nerve conduction velocity (NCV) of the right and left upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, symptoms and findings of focal neurologic dysfunction are noted. As such, the currently requested nerve conduction velocity (NCV) of the right and left upper extremities is medically necessary.