

<b>Case Number:</b>	CM14-0044928		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2014

### 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 and Washington. 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 42-year-old male who reported an injury on 02/02/2013. The mechanism of injury was noted to be an electrocution. The injured worker's diagnoses were noted to be mild left cubital tunnel syndrome, overuse syndrome of both upper extremities, left cubital tunnel syndrome with ulnar paresthesia by EMG criteria, and pisiform degenerative anomaly by MRI. The injured worker was noted to have prior treatment of physical therapy, medications and home exercises. The injured worker was noted to have an MRI and an EMG. The injured worker had a clinical evaluation on 03/28/2014 with complaints of bilateral elbow and knee pain. The injured worker rated pain a 7/10 noting it was frequent. He continued to report intermittent numbness and tingling in all of his fingers. He stated he was taking tramadol 4 to 5 times per day. The objective data notes examination of the bilateral elbows with full range of motion. There was tenderness noted over the medial epicondyle. There was also decreased sensation at the ulnar distribution. Examination of the bilateral wrists revealed no erythema or edema. Range of motion was limited with flexion at 50 degrees bilaterally, extension at 55 degrees on the right and 50 degrees on the left, radial deviation at 15 degrees bilaterally, ulnar deviation on the right at 25 degrees and on the left at 20 degrees. Tinel's test was positive bilaterally. Phalen's test was positive bilaterally. There was decreased sensation at the medial and ulnar aspects. The injured worker was noted to have use of tramadol. The treatment plan included refills for Ultram, and a request for Keratek analgesic gel. The provider's rationale for the request was not provided within the clinical evaluation dated 03/28/2014. A Request for Authorization for medical treatment was provided and dated 03/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine recommends state unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review fails to provide a thorough neurological assessment. The examination does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome or a positive Spurling's. According to the guidelines, the clinical evaluation is less clear and further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Therefore, the request for EMG/NCV of the right upper extremity is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine recommends state unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review fails to provide a thorough neurological assessment. The examination does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome or a positive Spurling's. According to the guidelines, the clinical evaluation is less clear and further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Therefore, the request for EMG/NCS of the left upper extremity is not medically necessary.