

<b>Case Number:</b>	CM14-0045569		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 67-year-old male was reportedly injured on 7/16/2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of neck pain, bilateral upper extremity numbness and tingling, low back pain, and knee pain. The physical examination demonstrated cervical spine neck extension to 15 and flexion to 25. Lumbar spine had extension to 10 and flexion to 35. Right upper extremity had abduction to 110. Left upper extremity abducted to 150. Right elbow extended to 160 and flexed to 150. Range of motion of the left wrist was satisfactory. Bilateral lower extremities extended to 180 and flexed to 100. No recent diagnostic studies were available for review. It was noted in the records, history of treatment included previous surgeries, epidural steroid injections, radiofrequency ablations, physical therapy, medications, and conservative treatment. A request was made for electromyography (EMG) of bilateral upper extremities, nerve conduction velocities (NCV) of bilateral upper extremities, custom unloading brace of the right knee, and hinged elbow brace right elbow and was not medically recommended in the pre-authorization process on 3/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - NECK AND UPPER BACK (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical documentation provided, the claimant has no documentation of radiculopathy or muscle weakness in a specific dermatome distribution. Therefore, the requested EMG/NCV is considered medically necessary.

**Nerve Conduction Velocity bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - NECK AND UPPER BACK (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM supports electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Based on the clinical documentation provided, the claimant has no documentation of radiculopathy or muscle weakness in a specific dermatome distribution. Therefore, the requested EMG/NCV is considered medically necessary.

**1 Custom unloading brace for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - KNEE & LEG (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** CA MTUS does not address the knee brace requested. The ACOEM practice guidelines support off-loader braces for treatment of moderate to severe chronic knee pain due to osteoarthritis (medial or lateral joint line OA) if other treatments have failed and the device is used in an attempt to delay surgical treatment. The available medical records failed to document any recent conservative treatment to include physical therapy or anti-inflammatory medications. Therefore, this request is not considered medically necessary.

**1 Hinged elbow brace right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - ELBOW (ACUTE & CHRONIC).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow, (acute and chronic) Bracing, updated 5/15/2014.

**Decision rationale:** Elbow bracing is recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis, no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. After review of the medical records provided, there was no discussion/plan for physical therapy for this condition. Therefore, after reviewing the guidelines, this request is deemed not medically necessary.