

<b>Case Number:</b>	CM14-0045748		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 48-year-old female with a 2/6/12 date of injury, and release of right cubital tunnel on 10/3/13. At the time (3/31/14) of the utilization review decision for EMG and NCV right upper extremity, there is documentation of subjective complaints of pain in the right arm with cramps and objective findings of decreased grip strength of right hand. The current diagnosis is lesion of ulnar nerve and cubital tunnel, and treatment to date has included medications. Medical reports identify previous electrodiagnostic studies. Regarding EMG and NCV, there is no documentation of interval injury or progressive neurologic findings to support the medical necessity of a repeat study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33. Decision based on Non-MTUS Citation online article Nerve Conduction Velocity Studies found at [http://www.aetna.com/cpb/medical/data/500\\_599/0502.html](http://www.aetna.com/cpb/medical/data/500_599/0502.html).

**Decision rationale:** ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/ nerve entrapment that has not responded to conservative treatment as criteria necessary to support the medical necessity of EMG/NCV. Guidelines necessitate documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of a diagnosis of lesion of ulnar nerve and cubital tunnel. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for EMG right upper extremity is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33. Decision based on Non-MTUS Citation online article Nerve Conduction Velocity Studies found at [http://www.aetna.com/cpb/medical/data/500\\_599/0502.html](http://www.aetna.com/cpb/medical/data/500_599/0502.html).

**Decision rationale:** ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/ nerve entrapment that has not responded to conservative treatment as criteria necessary to support the medical necessity of EMG/NCV. Guidelines necessitate documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of a diagnosis of lesion of ulnar nerve and cubital tunnel. In addition, there is documentation of a previous electrodiagnostic study. However, there is no documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Therefore, based on guidelines and a review of the evidence, the request for NCV right upper extremity is not medically necessary.