

<b>Case Number:</b>	CM14-0050382		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 01/03/2012 due to an unknown mechanism. The clinical note on 02/15/2014 revealed current medications were warfarin sodium and diltiazem HCl ER. Examination of the right elbow revealed range of motion 0 degrees to 150 degrees, full supination and pronation, tenderness along the lateral epicondyle, negative lateral epicondylar compression test. No tenderness along medial epicondyle, no tenderness along cubital tunnel, no pain along olecranon or along radial head. Diagnosis was lateral epicondylitis of elbow. Treatment plan was for an EMG and a nerve conduction study. The rationale was not reported. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction studies of the right upper arm.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines for Wrist and Hand electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-21.

**Decision rationale:** The request for nerve conduction study of the right upper arm is not medically necessary. There is no documentation that the injured worker tried and failed medications, including acetaminophen or other NSAIDs. The VAS for pain was not reported. Any type of physical medicine was not reported including home exercises or stretching. ACOEM Guidelines recommend assess for tenderness over epicondyle and 2-3 centimeters distal to it over the extensor carpi radialis brevis and extensor digitorum tendons. Assess for pain in the lateral elbow with resisted extension of the wrist or middle finger. Observe for pain in the lateral elbow with a forceful grasp. Other signs of lateral epicondylalgia/epicondylitis/tendonitis are normal elbow range of motion and diffuse lateral elbow pain with repeated wrist dorsiflexion. Special studies are not needed unless conservative care and observation fails to improve symptoms. The following should be reported: physical examination, circumference, reflexes, motor and sensory observations. Clear evidence is lacking to support the medical necessity of these tests being requested. Therefore, the request is not medically necessary.

**Electromyography of the right upper extremity.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-271. Decision based on Non-MTUS Citation Official Disability Guidelines for Wrist and Hand electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-21.

**Decision rationale:** The request for electromyography of the right upper extremity is not medically necessary. There is no documentation that the injured worker tried and failed medications, including acetaminophen or other NSAIDs. The VAS for pain was not reported. Any type of physical medicine was not reported including home exercises or stretching. Physiologic evidence may be in the form of definitive neurologic findings on examination, electrodiagnostic studies, laboratory tests, or bone scans. The following should be reported: physical examination, circumference, reflexes, motor and sensory observations. Clear evidence is lacking to support the medical necessity of these tests being requested. Therefore, the request is not medically necessary.