

<b>Case Number:</b>	CM14-0056413		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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:

Patient is a 39 year-old female with date of injury 08/15/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/11/2014, lists subjective complaints as an elbow contusion, chronic pain syndrome and ulnar nerve injury. The patient previously had an upper extremity EMG and NCS approximately 6 months ago that were negative for neurologic injury. Objective findings: Examination of the right elbow revealed tenderness along the lateral and posterior aspects of the elbow and along the medial elbow at the ulnar groove. Patient has full flexion and extension at the elbow without pain. There was mild pain with pronation and supination of the forearm against resistance. There was mildly decreased pin and touch sensation in the distal forearm, and there was decreased grip strength on the right. Diagnosis: 1. Right elbow contusion 2. Chronic pain syndrome 3. Ulnar neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), Carpal Tunnel Syndrome Chapter.

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

**Decision rationale:** The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), 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. The patient has had EMG/NCS studies which were reported as normal 6 months prior to the request for the current studies. The medical record fails to document radicular-type arm symptoms. Therefore, EMG/NCS studies are not medically necessary.