

<b>Case Number:</b>	CM14-0060954		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 31-year-old female was reportedly injured on 20 September 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of pain in the right forearm radiating to the shoulder and upper back. The physical examination demonstrated tenderness of the extensor muscles of the right lateral epicondyles and the cubital fossa. There was a positive cubital tunnel Tinel's test. Diagnostic imaging studies of the right elbow indicate tendinosis consistent with lateral epicondylitis. Previous treatment is unknown. A request had been made for electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral upper extremities and was not certified in the pre-authorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Nerve Conduct Velocities On Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Section: Forearm, Wrist, & hand (Acute & Chronic) (Update 02/18/2014) Computerized Muscle testing Not Recommended.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. According to the progress note dated May 13, 2014, there are no abnormal neurological findings in the upper extremities. Considering this, the request for nerve conduction studies of the bilateral upper extremities is not medically necessary.

**ELECTROMYOGRAPHY ON BILATERAL UPPER EXTREMITIES:** Upheld

**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 : WORK LOSS DATA INSTITUTE, LLC : CORPUS CHRISTL, TX: SECTION: LOW BACK - LUMBAR & THORACIC ( ACUTE &CHRONIC) (Updated 02/18/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. According to the progress note dated May 13, 2014, there are no abnormal neurological findings in the upper extremities. Considering this, the request for electromyography on the bilateral upper extremities is not medically necessary.