

<b>Case Number:</b>	CM14-0068993		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/04/2000
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Physical Medicine & Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 53-year-old female with date of injury of 06/04/2000. The listed diagnoses per [REDACTED], dated 03/26/2014, are: left cubital tunnel syndrome, chronic left lateral epicondylitis, status post surgical intervention, status post anterior cervical discectomy and fusion, cervical spine. According to this report, the patient complains of continued intense pain in her neck radiating to her upper back. She has pain along the medial and lateral aspects of the elbow with radiation to the left small finger. She notes low back pain, particularly with sitting. The objective findings show there is a posterior cervical and left trapezial tenderness as well as tenderness in the left dorsal paravertebral musculature. There is slight limitation of cervical motion. There is tenderness laterally about the elbow. Tinel's sign is positive over the left cubital tunnel. There is decreased sensation to pinprick over the volar aspect of the left small finger. The utilization review denied the request on 05/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disabilities Guidelines, elbow tests & neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG for the Electrodiagnostic studies (EDS)/ NCV.

**Decision rationale:** This patient presents with neck pain and low back pain. The treater is requesting an EMG of the bilateral upper extremities. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. ACOEM, page 178, states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The 62 pages of records do not show an EMG/NCV report. However, the UR letter references an EMG/NCV from 2005 that showed chronic C5-C6 radiculopathy and mild right C6 nerve root irritation or compression. The documents show that the treater is concerned about cubital tunnel syndrome. Given that the most recent report shows sensory deficits, an updated EMG/NCV is reasonable to distinguish between cubital tunnel syndrome and other conditions. Therefore, the request is medically necessary.