

<b>Case Number:</b>	CM14-0202753		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/20/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Internal 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:

The injured worker (IW) is a 54-year-old woman with a date of injury of July 20, 2014. The IW sustained a direct trauma to the left posterior arm and elbow when a crystal lamp fell off the top shelf and fell on her arm. She is now status post treatment with formal physical therapy, medications, and work restrictions with no apparent improvement. The injured worker's working diagnoses are elbow pain; and left lateral epicondylitis. Pursuant to a progress note date September 23, 2014, the IW reports the left elbow has numbness at night and pain that radiates from the elbow to the shoulder. There is no pain at rest. Documentation in the medical record does not contain the clinical rationale or clinical indication for performing EMG/nerve conduction studies. The right upper extremity is unremarkable. Current medications are not recorded. The current request is for EMG/NCS of the right upper extremity and left upper extremity. There are no clinical records or documentation provided by the physician who submitted the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, EMG/NCV .

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies for non-neuropathic process. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker is 54 years old with the date of injury July 20, 2014. The documentation reflects an injury to the left elbow. There is numbness at night and pain that radiates from the elbow to the shoulder. There is no pain at rest. Documentation in the medical record does not contain the clinical rationale or clinical indication for performing EMG/nerve conduction studies. The injured worker's working diagnoses are elbow pain; and left lateral epicondylitis. The right upper extremity is unremarkable. Consequently, absent the appropriate clinical documentation for both upper extremities, documentation supporting neuropathic findings in the left upper extremity, the clinical indications/rationale to support the nerve conduction study and EMG, EMG/NCV of the bilateral upper extremities is not medically necessary.