

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0090110 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 02/10/2014 |
| <b>Decision Date:</b> | 01/20/2015   | <b>UR Denial Date:</b>       | 06/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2014 |

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 2/10/2014. He was diagnosed with neuralgia/radiculitis, right elbow sprain/strain, medial epicondylitis, right carpal tunnel syndrome, and right wrist sprain/strain. He already had the diagnosis of diabetic neuropathy. He was treated with modified duty, physical therapy, and medications. On 5/9/14, the worker was seen by his chiropractor complaining of right elbow and right wrist pain. Physical findings included decreased range of motion and tenderness of both the right elbow and right wrist with positive Phalen's on right wrist, decreased sensation of right C6-7 dermatomes, reduced grip strength of right hand, and positive Cozen's at right elbow. He was then recommended physical therapy, x-rays of the right elbow and right wrist, NCV/EMG testing of upper extremities, a functional capacity evaluation, and referral to medical doctor for pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the 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-Nerve Conduction Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was complaint of subjective pain of the right elbow and right wrist with numbness in right arm in the pattern of the C6-7 dermatomes. Positive Phalen's and Cozen's suggested carpal tunnel syndrome and epicondylitis, respectively, which the provider listed on the worker's diagnoses. There did not seem to be any confusion as to which diagnosis was causing the worker's symptoms, however EMG and NCV testing was recommended for both the right and left arms. Due to fairly clear findings from physical examination from the right upper extremity for carpal tunnel and absolutely no indications for left-sided nerve testing, the request for bilateral EMG and NCV testing is not medically necessary.

**EMG of the 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-Nerve Conduction Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was complaint of subjective pain of the right elbow and right wrist with numbness in right arm in the pattern of the C6-7 dermatomes. Positive Phalen's and Cozen's suggested carpal tunnel syndrome and epicondylitis, respectively, which the provider listed on the worker's diagnoses. There did not seem to be any confusion as to which diagnosis was causing the worker's symptoms, however EMG and NCV testing was recommended for both the right and left arms. Due to fairly clear findings from physical examination from the right upper extremity for carpal tunnel and absolutely no indications for left-sided nerve testing, the request for bilateral EMG and NCV testing is not medically necessary.

**X-ray of right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** The MTUS ACOEM Guidelines state that elbow injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine x-ray testing is not recommended during the first 4 weeks of activity limitation except when a red flag noted on history or examination raises suspicion of a fracture or osteomyelitis. Imaging with x-ray may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. Also, imaging may be considered in cases when surgery is being considered for a specific anatomic defect or to evaluate for a potentially serious pathology such as a tumor. In the case of this worker, there was a request for x-ray of the right elbow after identifying subjective and objective evidence for epicondylitis. There was no evidence to suggest any red flag diagnosis or fracture in the notes available for review. Therefore, the x-ray is not medically necessary.

**X-ray of right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as x-ray are not needed until after a four to six week period of conservative care and observation, except in cases of a suspected red flag diagnosis. Special imaging studies such as x-rays may be considered in cases of suspected fracture but should not be routinely done. In the case of this worker, there was subjective and objective evidence for carpal tunnel syndrome on the right wrist, however, an x-ray was ordered for this area. There was no evidence found in the notes available for review which might have suggested a red flag diagnosis or missed fracture. Therefore, the right wrist x-ray is not medically necessary.