

Case Number:	CM15-0101098		
Date Assigned:	06/03/2015	Date of Injury:	10/15/1999
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 55 year old female who sustained an industrial injury on 10/15/99. The mechanism of injury is unclear. She currently complains of right elbow pain, left and right wrist pain, left and right hand pain. Her pain level is 7/10. On physical exam of the right elbow there was tenderness to palpation at the ulnar groove of medial epicondyle. Medications are Lidoderm adhesive patch, Motrin, Voltaren Gel, Zanaflex, gabapentin. Diagnoses include major depression; adjustment disorder with mixed anxiety and depression; right lateral and medial epicondylitis. Treatments include medications, brace, home exercise program. In the progress note dated 4/14/15 the treating provider's plan of care included a referral to electromyography/ nerve conduction velocity of bilateral upper extremities to access for probable peripheral focal neuropathy versus radiculopathy versus peripheral generalized neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow Chapter - MRI (magnetic resonance imaging).

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 medical record fails to document radicular-type arm symptoms. The EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Upper Extremities are not medically necessary.