

<b>Case Number:</b>	CM15-0107742		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 46 year old female, who sustained an industrial injury on May 2, 2014. The injured worker reported right arm pain due to heavy lifting. The injured worker was diagnosed as having right elbow sprain/strain, myofascitis and brachial radiculitis. Treatment to date has included x-ray, medication and physical therapy. A progress note dated May 13, 2015 provides the injured worker complains of right forearm pain radiating to the elbow. Physical exam notes right elbow tenderness on palpation with painful range of motion (ROM) and positive tennis elbow and golfer's test. The plan includes electromyogram, nerve conduction study, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, x-rays, home exercise program (HEP) and pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (Nerve Conduction Velocity) study of the left upper extremity:** 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), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. 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, there is no documentation describing objective signs of referred left upper extremity pain following a specific dermatomal pattern corresponding to a cervical nerve root level. In addition, there are no findings of neurologic deficits or any documentation indicating that the injured worker has failed conservative care treatments. Medical necessity for the requested study has not been established, as guideline criteria have not been met. The requested study is not medically necessary.

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**EMG (Electromyography) study of the left upper extremity:** 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), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. 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, there is no documentation describing objective signs of referred left upper extremity pain following a specific dermatomal pattern corresponding to a cervical nerve root level. In addition, there are no findings of neurologic deficits or any documentation indicating that the injured worker has failed conservative care treatments. Medical necessity for the requested study has not been established, as guideline criteria have not been met. The requested study is not medically necessary.

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