

<b>Case Number:</b>	CM15-0198520		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic arm pain reportedly associated with an industrial injury of December 12, 2011. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced an August 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 27, 2015 office visit, the applicant reported ongoing complaints of arm pain with associated paresthesias about the ring and small fingers. The applicant had undergone an earlier elbow epicondylar release surgery and an ulnar nerve transposition surgery, it was reported. The applicant was apparently described as having residual symptoms of ulnar neuritis. Equivocal provocative testing was appreciated on exam. The applicant was given a rather proscriptive 10-pound lifting limitation. Naprosyn, a heating pad, and the electrodiagnostic testing at issue were seemingly sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral electrodiagnostic studies of the upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for bilateral electrodiagnostic testing of the upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 10, Table 2, page 13 notes that nerve conduction testing can be employed to confirm a diagnosis of ulnar nerve entrapment, as was seemingly present here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 to the fact that the routine usage of NCV/EMG testing for screening purposes to evaluate applicants without symptoms is deemed not recommended. Here, the August 27, 2015 office visit at issue stated the applicant's paresthesias were confined to the symptomatic right upper extremity. There was no mention of the applicant's having any symptoms involving the seemingly asymptomatic left upper extremity. The request for electrodiagnostic studies of the bilateral upper extremities, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 as it included testing of the seemingly asymptomatic left upper extremity. Therefore, the request was not medically necessary.