

<b>Case Number:</b>	CM15-0206888		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/29/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Emergency 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 62 year old female, who sustained an industrial injury on 12-29-2010. The injured worker is undergoing treatment for: cubital tunnel syndrome. On 10-9-15, she reported left arm elbow pain with numbness and tingling in the small and ring fingers and occasional pain radiation into the shoulder. Physical examination revealed a well healed surgical scar on the left elbow, tenderness around the epicondyle, unpalpable ulnar nerve, motor exam normal, normal range of motion of the elbow and wrist, and decreased sensation in the small finger. On 10-23-15, subjective and objective findings are noted to be unchanged. The treatment and diagnostic testing to date has included: electrodiagnostic studies (11-16-11) revealed no evidence of left median, ulnar or radial neuropathy or left cervical radiculopathy; left ulnar nerve transposition (9-13-12), x-rays of the left elbow (10-9-15) reported as normal. Medications have included: Ibuprofen, voltaren gel. Current work status: permanent work restrictions. The provider noted "she may work without restrictions". The request for authorization is for: left upper extremity EMG (electromyogram), left upper extremity NCV (nerve conduction velocity), and voltaren gel 1 percent. The UR dated 10-16-2015: non-certified the request for left upper extremity EMG (electromyogram), left upper extremity NCV (nerve conduction velocity), and voltaren gel 1 percent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Electromyography (EMG) of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested Electromyography (EMG) of the Left Upper Extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272 273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has left arm elbow pain with numbness and tingling in the small and ring fingers and occasional pain radiation into the shoulder. Physical examination revealed a well healed surgical scar on the left elbow, tenderness around the epicondyle, unpalpable ulnar nerve, motor exam normal, normal range of motion of the elbow and wrist, and decreased sensation in the small finger. The treating physician has documented electrodiagnostic studies (11-16-11) revealed no evidence of left median, ulnar or radial neuropathy or left cervical radiculopathy; left ulnar nerve transposition (9-13-12), x-rays of the left elbow (10-9-15) reported as normal. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, Electromyography (EMG) of the Left Upper Extremity is not medically necessary.

### **Nerve Conduction Velocity (NCV) of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested Nerve Conduction Velocity (NCV) of the Left Upper Extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272 273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has left arm elbow pain with numbness and tingling in the small and ring fingers and occasional pain radiation into the shoulder. Physical examination revealed a

well healed surgical scar on the left elbow, tenderness around the epicondyle, unpalpable ulnar nerve, motor exam normal, normal range of motion of the elbow and wrist, and decreased sensation in the small finger. The treating physician has documented electrodiagnostic studies (11-16-11) revealed no evidence of left median, ulnar or radial neuropathy or left cervical radiculopathy; left ulnar nerve transposition (9-13-12), x-rays of the left elbow (10-9-15) reported as normal. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive Sturling test or deficits in dermatomal sensation, reflexes or muscle strength nor positive provocative neurologic exam tests. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, Nerve Conduction Velocity (NCV) of the Left Upper Extremity is not medically necessary.

**Voltaren Gel QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The requested Voltaren Gel QTY: 1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has left arm elbow pain with numbness and tingling in the small and ring fingers and occasional pain radiation into the shoulder. Physical examination revealed a well healed surgical scar on the left elbow, tenderness around the epicondyle, unpalpable ulnar nerve, motor exam normal, normal range of motion of the elbow and wrist, and decreased sensation in the small finger. The treating physician has documented electrodiagnostic studies (11-16-11) revealed no evidence of left median, ulnar or radial neuropathy or left cervical radiculopathy; left ulnar nerve transposition (9-13-12), x-rays of the left elbow (10-9-15) reported as normal. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren Gel QTY: 1 is not medically necessary.