

<b>Case Number:</b>	CM15-0022151		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Colorado

Certification(s)/Specialty: Family Practice

### 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 28-year-old male, who sustained an industrial injury on February 4, 2014, incurring right elbow injuries. He was diagnosed with right radial epicondylitis, olecranon bursitis, and ulnar neuropathy. Treatment included physical therapy, pain medications, home exercise program, neuropathic medications, and activity restrictions. He underwent a right ulnar nerve decompression surgery on September 9, 2014. Most recently, the injured worker complained of decreased right elbow range of motion with flexion and extension. He noted to have decreased sensation in the small and ring fingers and hand. He reported consistent elbow pain in performing tasks. Without medications he was unable to perform these tasks and was limited to ten minutes or less. The treatment plan that was requested for authorization included Electromyography-Nerve Conduction Velocity studies of the right upper extremity as an outpatient. On February 5, 2015, a request for Electromyography and Nerve Conduction Velocity studies was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the right upper extremity as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not address the use of EMG/NCV as diagnostics, so the ACOEM Guidelines were consulted. As EMG and NCV are recommended in combination, the rationale for EMG is the same as that for NCV. Electrodiagnostic studies, comprised of EMG and NCV, are recommended when CT or MRI is non-diagnostic and /or patient continues to have symptoms, suggestive of neurological compromise, that do not respond to treatment. If suspected radicular pain fails to resolve or reaches a plateau after 4-6 weeks, which would allow time to develop new abnormalities on testing, then NCV, with needle EMG component if radiculopathy suspected, would be indicated. NCV would also be indicated if another condition, in addition to or instead of radiculopathy, is suspected based on history and/or physical. Some clinicians would wait to test patients with NCV/EMG until after patient failed a steroid injection as a diagnostic and therapeutic trial. For the patient of concern, there is no documentation of complaints or findings since January 2015. Without up to date records indicating patient's current symptoms and findings, and without up to date discussion of therapies tried / failed, the EMG/NCV of the right upper extremity is not medically indicated.