

<b>Case Number:</b>	CM15-0026636		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 41 year old male, who sustained an industrial injury on 02/23/2012. On progress note dated 01/20/2015 the injured worker has reported left arm and elbow pain. On examination he was noted to have a limited and painful range of motion and pain with Tinel's test. The diagnoses have included elbow enthesopathy. Treatment plan included MD management and NCV/EMG. On 02/04/2015 Utilization Review non-certified NCV (nerve conduction velocity) of the right upper extremity, EMG (electromyography) of the left upper extremity, NCV (nerve conduction velocity) of the left upper extremity and EMG (electromyography) of the right upper extremity. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (nerve conduction velocity) of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Elbow

(Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Forearm, Wrist, and Hand (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** This patient presents with left arm/elbow pain. The treater has asked for NCV/NERVE CONDUCTION VELOCITY OF THE RIGHT UPPER EXTREMITY on 1/20/15. Review of reports showed no prior electrodiagnostic studies. The patient has scar tissue built up in his left elbow, and hasn't been massaging it because he was getting electric-shock-like pain when he would touch the end of the scar per 6/30/14 report. The patient had an MRI on 6/5/12 showing partial tear of the extensor tendons of left elbow, and had an epicondylar release of left elbow on 1/13/14 per 10/2/14 orthopedic report. The patient has had physical therapy for last 6-9 months with 80% strength and pain only with flexion and supination, but still has numbness over lateral aspect of his forearm and elbow per 10/2/14 orthopedic report. Regarding NCV for the Neck and Upper Back, ACOEM states: 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 patient is returning to work with restrictions on 1/20/15. In this case, the patient has possible CTS, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. There is no documentation, however, of radicular or any other symptoms of the RIGHT upper extremity. The patient has symptoms on the LEFT arm. The treater does not explain why NCV studies are needed for non-symptomatic RIGHT side. The request IS NOT medically necessary.

**EMG (electromyography) of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Elbow (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Forearm, Wrist, and Hand (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** This patient presents with left arm/elbow pain. The treater has asked for EMG/ELECTROMYOGRAPHY OF THE LEFT UPPER EXTREMITY on 1/20/15. Review of reports showed no prior electrodiagnostic studies. The patient has scar tissue built up in his left elbow, and hasn't been massaging it because he was getting electric-shock-like pain when he would touch the end of the scar per 6/30/14 report. The patient had an MRI on 6/5/12 showing

partial tear of the extensor tendons of left elbow, and had an epicondylar release of left elbow on 1/13/14 per 10/2/14 orthopedic report. The patient has had physical therapy for last 6-9 months with 80% strength and pain only with flexion and supination, but still has numbness over lateral aspect of his forearm and elbow per 10/2/14 orthopedic report. In reference to specialized studies of the neck, MTUS guidelines state that electromyography 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 patient is returning to work with restrictions on 1/20/15. In this case, the patient is s/p left elbow surgery with persistent radicular symptoms in the left upper extremities. The patient has a physical exam showing possible CTS, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. The request IS medically necessary.

**NCV (nerve conduction velocity) of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Elbow (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Forearm, Wrist, and Hand (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This patient presents with left arm/elbow pain. The treater has asked for NCV/NERVE CONDUCTION VELOCITIES OF THE LEFT UPPER EXTREMITY on 1/20/15. Review of reports showed no prior electrodiagnostic studies. The patient has scar tissue built up in his left elbow, and hasn't been massaging it because he was getting electric-shock-like pain when he would touch the end of the scar per 6/30/14 report. The patient had an MRI on 6/5/12 showing partial tear of the extensor tendons of left elbow, and had an epicondylar release of left elbow on 1/13/14 per 10/2/14 orthopedic report. The patient has had physical therapy for last 6-9 months with 80% strength and pain only with flexion and supination, but still has numbness over lateral aspect of his forearm and elbow per 10/2/14 orthopedic report. Regarding NCV for the Neck and Upper Back, ACOEM states: 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 patient is returning to work with restrictions on 1/20/15. In this case, the patient is s/p left elbow surgery with persistent radicular symptoms in the left upper extremities. The patient has a physical exam showing possible CTS, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. The request IS medically necessary.

**EMG (electromyography) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Elbow (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Forearm, Wrist, and Hand (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG); Carpal Tunnel Syndrome (Acute & Chronic), Nerve Conduction Studies (NCS)/Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** This patient presents with left arm/elbow pain. The treater has asked for EMG/ELECTROMYOGRAPHY OF THE RIGHT UPPER EXTREMITY on 1/20/15. Review of reports showed no prior electrodiagnostic studies. The patient has scar tissue built up in his left elbow, and hasn't been massaging it because he was getting electric-shock-like pain when he would touch the end of the scar per 6/30/14 report. The patient had an MRI on 6/5/12 showing partial tear of the extensor tendons of left elbow, and had an epicondylar release of left elbow on 1/13/14 per 10/2/14 orthopedic report. The patient has had physical therapy for last 6-9 months with 80% strength and pain only with flexion and supination, but still has numbness over lateral aspect of his forearm and elbow per 10/2/14 orthopedic report. In reference to specialized studies of the neck, MTUS guidelines state that electromyography 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 patient is returning to work with restrictions on 1/20/15. In this case, the patient has possible CTS, radiculopathy, peripheral neuropathy which require electrodiagnostic studies to differentiate. There is no documentation, however, of radicular or any other symptoms of the RIGHT upper extremity. The patient has symptoms on the LEFT arm. The treater does not explain why EMG studies are needed for non-symptomatic RIGHT side. The request IS NOT medically necessary.