

<b>Case Number:</b>	CM15-0217619		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 45 year old female, who sustained an industrial injury on 05-26-2009. She has reported injury to the right elbow and left knee. The diagnoses have included left knee sprain; right lateral epicondylitis; right medial epicondylitis; right wrist sprain; left wrist sprain; right forearm extensors tendinitis; bilateral severe carpal tunnel; status post right wrist carpal tunnel release; and status post left carpal tunnel release. Treatment to date has included medications, diagnostics, home exercise program, and surgical intervention. Medications have included Tramadol, Terocin lotion, Ibuprofen, and topical compounded cream. A progress report from the treating physician, dated 08-26-2015, documented an evaluation with the injured worker. The injured worker reported right elbow pain, which she describes as intermittent and sharp; bilateral wrist and hands pain with numbness and tingling sensation; the pain is rated at 8-9 out of 10 in intensity; the pain goes down to 5 out of 10 in intensity with the assistance of medication; left knee pain which is constant, achy, and burning pain; the pain is rated at 7 out of 10 in intensity; the pain goes down to a 4 out of 10 in intensity with the help of medication; and putting pressure on the elbows, using the hands, and walking aggravate the pain. Objective findings included exquisite tenderness is noted at the right lateral epicondyle; there is full and painless range of motion; there is no tenderness over the radial head as it is put through a range of motion; Finkelstein test is positive; the right wrist is somewhat restricted in flexion, extension, as well as the ulnar and radiation deviation; there is tenderness to palpation at the left wrist; flexion and extension was not done due to discomfort; Tinel's sign is positive on the left; there is slight tenderness of the left knee at the medial joint line; slight crepitus is also positive

and slight lateral mal-alignment; and there is tenderness noted at the lateral peri-patellar soft tissue. The treatment plan has included the request for electromyography (EMG) - nerve conduction velocity (NCV) studies of the bilateral upper extremities. The original utilization review, dated 10-13-2015, non-certified the request for electromyography (EMG) - nerve conduction velocity (NCV) studies of the bilateral upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electromyography (EMG) / Nerve conduction velocity (NCV) studies of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

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

**Decision rationale:** Review indicates clinical exam findings of tenderness and restricted range without noted neurological deficits. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2009 injury without new injury or acute changed findings. The Electromyography (EMG)/Nerve conduction velocity (NCV) studies of the bilateral upper extremities is not medically necessary and appropriate.