

<b>Case Number:</b>	CM15-0039212		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 50 year old male, who sustained an industrial injury on September 19, 2013. The injured worker was diagnosed as having right lateral epicondylitis and right upper extremity radiculopathy. Past treatment to date included the use of an over-the-counter non-steroidal anti-inflammatory medication. The medication records provided did not include any diagnostic studies to date. On February 2, 2015, the injured worker complains of right elbow tenderness and tingling, and neck pain. He has not been treated with physical therapy. The physical exam revealed right elbow tenderness to palpation of the lateral epicondyle, decreased pain with elbow flexed/extended, and positive Tinel's and hyperflexion. The cervical spine had mild spasms on the right. The treating physician noted that the increased right upper extremity radiculopathy/neurogenic pain was causing decreased function and was more bothersome than the lateral epicondylar symptoms. The treatment plan includes EMG/NCV (electromyography/ nerve conduction velocity) studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV for bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The ACOEM Chapter 8 on neck and upper extremities indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of EMG/NCV. The physical exam does not corroborate the necessity for an EMG/NCV. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.