

<b>Case Number:</b>	CM15-0041738		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, 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 52 year old male, who sustained an industrial injury on 02/02/2012. He reported injury to the right hand, wrist, and elbow. The injured worker was diagnosed as having right cubital tunnel syndrome; carpal tunnel syndrome right hand; tear fibro-triangular cartilage right wrist; and tendinitis of the right elbow/forearm. Treatment to date has included medications, diagnostic studies, physical therapy, occupational therapy, and surgical intervention. Medications have included Ibuprofen and Norco. Surgical intervention has included cubital tunnel release on 9/22/2014. A progress note from the treating provider, dated 02/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right hand, wrist, and elbow pain; numbness in his small and ring finger extending up into his wrist and into his distal forearm on ulnar aspect; and problems with wrist movement. Objective findings included continued tenderness over the dorsum of the right wrist and pain with movement; right hand grip strength is improving; and decreased sensation in his right smaller ring finger extending into his hand and distal forearm. The treatment plan of care includes continuing with therapy and exercise; and ordering diagnostic studies due to continued paresthesias in the ulnar nerve distribution. The provider noted that it is questionable whether the patient would have another surgery for numbness that has not really impaired his movement, but is more of an annoyance. Request is being made for EMG/NCV 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:

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Section- criteria for nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, table 4, and algorithm 3.

**Decision rationale:** Regarding the request for EMG/NCV, CA MTUS and ACOEM state that NCS is recommended to confirm ulnar nerve entrapment if conservative treatment fails and to distinguish radial entrapment from lateral epicondylalgia if history and physical exam are equivocal and conservative treatment fails. It is also recommended for patients with activity limitations due to elbow symptoms not improving > 4 weeks when there are significant (e.g., limiting work ability) paraesthesias or dysesthesias and an objective site of nerve dysfunction on physical exam. Within the documentation available for review, the patient underwent ulnar nerve release approximately 5 months prior to the date of the current exam and there is some residual numbness. The provider notes that the patient's complaints are mainly an annoyance, as they do not cause any limitation and there is a question as to whether or not the patient would undergo surgery if that were an option. As such, there is no clear rationale for repeating the electrodiagnostic studies at this time, as the CA MTUS does not support the testing given the circumstances noted above. In light of the above issues, the currently requested EMG/NCV is not medically necessary.