

Case Number:	CM15-0051173		
Date Assigned:	03/24/2015	Date of Injury:	10/14/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, California

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 52-year-old male, who sustained an industrial injury on 10/14/2014. He reported right arm pain after performing repetitive lifting and use of an air drill. The injured worker was diagnosed as having right elbow sprain and right elbow lateral epicondylitis with possible nerve entrapment. Right arm x ray was within normal limits. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of elbow stiffness, weakness and pain on 2/4/15 that was better with PT visits. Physical examination of the right UE revealed tenderness on palpation, muscle weakness and positive Tinsel's sign over elbow. In a progress note dated 2/4/2015, the treating physician is requesting electromyography (EMG) and a nerve conduction study of the bilateral upper extremities. A recent detailed physical examination of the left UE was not specified in the records Significant functional deficits of the left UE were not specified in the records provided. The medication list include Naproxen and Tylenol.

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 extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Reed Group/The Medical

Disability Advisor, Official Disability Guidelines (ODG)/Integrated Treatment Guidelines (ODG Treatment in Workers' Comp 2nd Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition) Work Loss Data Institute.

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

Decision rationale: EMG/NCV of the bilateral upper extremity. Per ACOEM chapter 12 guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Per the ACOEM guidelines cited below, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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. Detailed history and duration of signs /symptoms of tingling and numbness were not specified in the records provided. A recent detailed physical examination of the left UE was not specified in the records. Significant functional deficits of the left UE were not specified in the records provided. A plan for an invasive procedure for the upper extremity was not specified in the records provided. The response of the symptoms to a period of rest and oral pharmacotherapy including NSAIDS, was not specified in the records provided. Any objective evidence of cervical spine red flags or physiological evidence of tissue insult or neurological dysfunction was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. In addition, it is noted in the records that the patient's pain was improved with PT visits. A trial and response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for EMG/NCV of the bilateral upper extremities is not fully established for this patient.