

<b>Case Number:</b>	CM15-0056640		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/20/2015
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 2/20/2015. She reported right elbow pain as a result of overuse at work. Diagnoses have included right elbow sprain and rule out right ulnar nerve entrapment. Treatment to date has included right elbow x-ray and medication. According to the progress report dated 3/2/2015, the injured worker complained of pain in the right elbow. She stated that when she picked things up, she could feel pain radiating down the arm to the hand. Objective findings revealed mild tenderness at the lateral aspect of the elbow. The treatment plan was to continue Naproxen for pain and continue modified work. Authorization was requested for electromyography (EMG)/nerve conduction study (NCS) of the right arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) EMG/NCS of the right arm:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** Based on the 03/09/15 progress report provided by treating physician, the patient presents with elbow pain that radiates to right lower arm. The request is for ONE (1) EMG/NCS OF THE RIGHT ARM. Patient's diagnosis per Request for Authorization form dated 03/02/15 includes right elbow sprain, rule out right ulnar nerve entrapment. Patient medications include Naprosyn. Patient may return to modified work, per 03/09/15 treater report. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." UR letter dated 03/12/15 states "...a comprehensive neurologic examination is not provided..." Physical examination to the right elbow on 03/09/15 revealed ecchymosis, tenderness to lateral epicondyle, and decreased strength. Given patient's symptoms and diagnosis, the request appears reasonable and to be in accordance with guidelines. There is no evidence of prior upper extremity EMG/NCS studies done. Therefore, the request IS medically necessary.