

<b>Case Number:</b>	CM15-0083581		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 42 year old male, who sustained an industrial injury on March 2, 2012. He reported that while washing a care, the supervisor did not see the injured worker and started to drive the car, twisting the right arm and wrist, injuring his right elbow and wrist. The injured worker was diagnosed as having right elbow and wrist pain. Treatment to date has included MRA, MRIs, x-rays, and medication. Currently, the injured worker complains of ongoing intermittent numbness and tingling to the right upper extremity from the elbows down. The Primary Treating Physician's report dated March 25, 2015, noted the injured worker reported that the Relafen was no longer helpful, and the Voltaren gel was no longer helpful. The injured worker's current medication was noted to be Neurontin. Physical examination was noted to show tenderness to palpation over the lateral epicondyle and wrist. A MRI of the right elbow dated May 30, 2012 was noted to be within normal limits. The treatment plan was noted to include a request for authorization for an electromyography (EMG)/nerve conduction velocity (NCV) of the right upper extremity, and Neurontin dispensed to see if it helps with the numbness and tingling. The requesting physician does not appear to be aware of the recent QME evaluation or MRI with contrast results dated 12/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the right upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** MTUS Guidelines are not supportive of upper extremity electrodiagnostics without objective evidence of nerve dysfunction. No dermatomal loss or exam findings consistent with nerve entrapment are documented. In addition, the primary treating physician does not appear to have been afforded the fairly recent QME evaluation and the results of the undated MRI which had positive findings consistent with long term discomfort. Under these circumstances the electrodiagnostics (EMG/NCV) of the right upper extremity are not medically necessary and not supported by Guidelines. It is imperative that the primary treating physician should be afforded the QME report and recent test results.