

<b>Case Number:</b>	CM14-0130743		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old male with a 5/6/14 date of injury. At the time (7/22/14) of request for authorization for Nerve conduction velocity (NCV) left elbow x 2 and Electromyography (EMG) left elbow x 1, there is documentation of subjective (constant left hand pain) and objective (tenderness to palpation over the lateral epicondyle and positive Tinel's sign) findings, current diagnoses (rule out carpal tunnel syndrome and lateral epicondylitis), and treatment to date (physical therapy and medication). Medical report identifies a request for EMG/NCV of the left elbow, left wrist brace, and left tennis elbow brace. There is no documentation of subjective findings consistent with radiculopathy/nerve entrapment that has not responded to additional conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) left elbow x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of rule out carpal tunnel syndrome and lateral epicondylitis. In addition, there is documentation of objective findings consistent with radiculopathy/nerve entrapment. However, despite documentation of subjective (constant left hand pain) findings, there is no documentation of subjective findings consistent with radiculopathy/nerve entrapment. In addition, despite documentation of conservative treatment (physical therapy and medications), and given documentation of a request for left tennis elbow brace, there is no documentation of failure of additional conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for Nerve conduction velocity (NCV) left elbow x 2 is not medically necessary.

**Electromyography (EMG) left elbow x 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of rule out carpal tunnel syndrome and lateral epicondylitis. In addition, there is documentation of objective findings consistent with radiculopathy/nerve entrapment. However, despite documentation of subjective (constant left hand pain) and findings, there is no documentation of subjective findings consistent with radiculopathy/nerve entrapment. In addition, despite documentation of conservative treatment (physical therapy and medications), and given documentation of a request for left wrist brace and left tennis elbow brace, there is no documentation of failure of additional conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) left elbow x 1 is not medically necessary.