

<b>Case Number:</b>	CM14-0135666		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 55-year-old male who reported injury on 03/06/2006. The mechanism of injury was not provided. The injured worker's diagnoses included chronic lateral right elbow pain with neurogenic type symptoms that are a bit vague. The injured worker's past treatments included medication, injections, and surgery. The injured worker's diagnostic testing included MRI of right elbow with gadolinium based contrast on 05/27/2014, which revealed no significant degenerative changes, no significant epicondylitis, and no ligamentous injury. The injured worker's surgical history included lateral epicondylar debridement and radial tunnel release on the left elbow and lateral epicondylar debridement on the right elbow, dates not provided. On the clinical note dated 07/14/2014, the injured worker complained of bilateral upper extremity pain, which is focused at the right elbow mostly laterally, numbness in both hands. The injured worker had tenderness throughout lateral elbow, positive Phalen's and Durkan's test, with good range of motion. On the clinical note dated 04/28/2014, the injured worker's medications included pain medicine and sleep medicine; frequency, dosage and names not provided. The request was for EMG/NCV of bilateral upper extremities. The rationale for the request is continuing complaints of significant symptoms with vague numbness. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyelography) study of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Electrodiagnostic Studies (EDS), Electromyography (EMG) and Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist and Hand, EMG

**Decision rationale:** The request for EMG (electromyography) study of the right upper extremity is not medically necessary. The injured worker's diagnosis is chronic lateral right elbow pain with neurogenic type symptoms. The injured worker complains of pain around the right elbow and numbness in his hands. The Official Disability Guidelines recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. Workers' Compensation patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. The injured worker was noted to have good range of motion in his elbows. The injured worker was noted to have positive Phalen's and Durkan's test. There is a lack of significant physical examination findings which demonstrate neurological deficit in upper extremities. As such, the request for EMG (electromyography) study of the right upper extremity is not medically necessary.

**EMG (Electromyography) study of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Electrodiagnostic Studies (EDS), Electromyography (EMG) and Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist and Hand, EMG

**Decision rationale:** The request for EMG (electromyography) study of the left upper extremity is not medically necessary. The injured worker is diagnosed with chronic lateral right elbow pain with neurogenic type symptoms. The injured worker complains of right elbow pain with numbness to hands. The Official Disability Guidelines recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. Workers' Compensation patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26%

compared to 15%. The medical records indicated his right elbow had good range of motion. The injured worker had positive Phalen's and Durkan's test. There is a lack of significant physical examination findings which demonstrate neurologic deficit in the upper extremities. As such, the request for EMG (electromyography) study of the left upper extremity is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Electrodiagnostic Studies (EDS), Electromyography (EMG) and Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist and Hand, NCV

**Decision rationale:** The request for NCV (nerve conduction velocity) study of the right upper extremity is not medically necessary. The injured worker is diagnosed with chronic lateral right elbow pain with neurogenic type symptoms. The injured worker complains of right elbow pain with numbness to hands. The Official Disability Guidelines recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. Workers' Compensation patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. The injured worker was noted to have good range of motion to his elbow. The injured worker had positive Phalen's and Durkan's test. There is lack of significant physical examination findings which demonstrate neurological deficit in the upper extremities. As such, the request for NCV (nerve conduction velocity) study of the right upper extremity is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Electrodiagnostic Studies (EDS), Electromyography (EMG) and Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist and Hand, NCV

**Decision rationale:** The request for NCV (nerve conduction velocity) study of the left upper extremity is not medically necessary. The injured worker's diagnosis was chronic lateral right

elbow pain with neurogenic type symptoms. The injured worker complains of right elbow pain with numbness to hands. The Official Disability Guidelines recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). For more information, see the Carpal Tunnel Syndrome chapter. Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. Workers' Compensation patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. The injured worker was noted to have good range of motion to his right elbow. The injured worker had a positive Phalen's and Durkan's test. There is lack of significant physical examination findings which demonstrate neurological deficit in the upper extremities. As such, the request for NCV (nerve conduction velocity) study of the left upper extremity is not medically necessary.