

<b>Case Number:</b>	CM14-0161173		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 52 year old female who sustained a work injury on 5-1-14. On this date, the claimant sustained a work injury when carrying heavy loads. This claimant has a diagnosis of lateral epicondylitis. Office visit on 8-26-14 notes the claimant has right elbow pain rated as 8/10. On exam, the claimant has tenderness over the lateral epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) Left 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 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter EMG

**Decision rationale:** ACOEM guidelines reflect that for most patients with elbow problems, special studies are not needed. Medical records reflect that this claimant has pain at the lateral epicondyle. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Peripheral nerve entrapment is not documented. Therefore, the request is not medically necessary.

