

<b>Case Number:</b>	CM14-0168732		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational Medicine 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 53-year-old female with a 1/15/13 date of injury. At the time (9/9/14) of the request for authorization for electromyogram (EMG) and nerve conduction velocity (NCV) of the right upper extremity, there is documentation of subjective (right medial elbow pain, occasional numbness and tingling in the ring and little fingers) and objective (positive Tinel's sign over the cubital tunnel with a positive elbow flexion test) findings, current diagnoses (status post right lateral epicondylectomy, right medial epicondylitis, and right cubital tunnel syndrome), and treatment to date (injection and a home exercise program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) and nerve conduction velocity (NCV) of the right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, updated 05/15/14

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints 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 status post right lateral epicondylectomy, right medial epicondylitis, and right cubital tunnel syndrome. In addition, given documentation of subjective (right medial elbow pain, occasional numbness and tingling in the ring and little fingers) and objective (positive Tinel's sign over the cubital tunnel with a positive elbow flexion test) findings, and treatment to date (injection and a home exercise program), there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for EMG of the bilateral upper extremities is medically necessary.