

<b>Case Number:</b>	CM14-0178341		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Acupuncture & Pain 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:

This is a 58 year old male injured worker with date of injury 3/4/09 with related right upper extremity pain. Per progress report dated 10/9/14, the injured worker complained of continued increasing pain from the wrist up to the shoulder on the right side. He rated his pain 8/10 in intensity. Per physical exam, there was a previous surgical incision noted about the right elbow. There was pain with palpation at the ulnar nerve, radial joint line, and ulnar joint line. The passive range of motion was at 0 degrees in hyperextension and extension, 140 degrees in flexion and 85 degrees in pronation and supination. The active range of motion was at 0 degrees of abduction. The wrist range of motion was at 60 degrees in dorsiflexion and palmar flexion and 40 degrees in ulnar and radial deviation. Positive Tinel's at the cubital tunnel and carpal tunnel signs were noted. The injured worker was status post 9/12/12 right arthroscopic surgery. Electrodiagnostic study of the right upper extremity dated 7/15/14 documented a normal study. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 10/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow (5/15/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per MTUS ACOEM page 182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent, is not recommended. The documentation submitted for review does not contain sufficient evidence to warrant electrodiagnostic studies. Furthermore, electrodiagnostic study of the right upper extremity dated 7/15/14 was a normal study. The request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow (5/15/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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