Case Number:	CM15-0177714		
Date Assigned:	09/18/2015	**Date of Injury:**	05/06/2015
Decision Date:	10/22/2015	**UR Denial Date:**	09/08/2015
Priority:	Standard	**Application Received:**	09/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Washington, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 right-handed, 38 year old male who sustained an industrial-work injury on 5-6-15. He reported initial complaints of pain in right arm. The injured worker was diagnosed as having lateral epicondylitis of the right elbow and carpal sprain of right wrist. Treatment to date has included medication, acupuncture, and diagnostics. Right elbow MRI results on 6-30-15 demonstrated partial thickness undersurface tear of the common extensor tendon at its attachment to the lateral epicondyle. Per the primary physician's progress report (PR-2) on 8-31-15, the injured worker complained of constant severe pain in the right elbow and wrist that was described as burning and was aggravated by use. Exam of elbows noted 2+ spasm and tenderness to the right lateral epicondyle and right olecranon. Valgus test was positive on the right. Cozen's test was positive on the right, reverse Cozen's test was positive on the right. Wrist and hands exam noted 2+ spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Bracelet test was positive on the right, Finkelstein's was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment, Radial Nerve Entrapment, Lateral Epicondylalgia, Medial Epicondylalgia, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles and NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for their use are very specific. The EMG/NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. It can determine if subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks) are due to a neurologic problem. The ACOEM Guidelines define use of these tests for diagnosis of wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. However, the ACOEM guidelines recommends its use for diagnosis of chronic elbow pain after 6 weeks of conservative care fails to resolve the patient's symptoms and the provider thinks nerve injury, such as a cervical radiculopathy, may be the etiology. Since this patient is experiencing intermittent hand paresthesias that can't be explained by her elbow pathology (Lateral Epicondylitis) the provider is requesting the EMG/NCV to help direct further care. Medical necessity has been established. The request is medically necessary.

MRI right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Forearm Hand & Wrist.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation American College of Radiology Appropriate Criteria for Chronic Wrist Pain, Revised 2012.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the wrist are indicated in acute injuries with associated "red flags," that is, signs and symptoms suggesting acutely compromised nerve tissue or damage to soft tissues. In chronic situations, the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as infections. The American College of Radiology guidelines recommend MRI as the next study of choice when routine radiographs are normal or nonspecific and symptoms are persistent. This patient has not improved with conservative therapy. MRI at this point in the care of this patient will help direct further therapies. Medical necessity has been established. The request is medically necessary.