

<b>Case Number:</b>	CM15-0094336		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female who sustained an industrial injury on 8/19/14 injuring her left elbow and forearm. She was medically evaluated and given pain medication, had x-ray of the area, brace, physical therapy and work restrictions. Currently her pain level is 2-3/10 after left epicondyle injection with improvement in function. On physical exam, there was tenderness over the lateral epicondyle and to a lesser degree medial; mild to moderate muscular spasms and guarding; severe tenderness over the left lateral epicondyle area upon restrictive extension of the left wrist. Medications are ibuprofen, Tylenol, Polar Frost, Tramadol HCL/ acetaminophen. Diagnoses include medial and lateral epicondylitis more on the left; persistent left elbow sprain/strain. Treatments to date include a good response to left epicondyle injection; home exercises; transcutaneous electrical nerve stimulator unit; chiropractic therapy and physical therapy. In the progress note, dated 4/2/15 the treating provider's plan of care includes a request for electromyography/ nerve conduction studies for right and left upper extremities due to decreased dermatomes, decreased motor strength, tingling in the left upper extremity.

### 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), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

**Decision rationale:** The patient presents on 04/10/15 with intermittent dull/burning left elbow pain rated 3-5/10, and associated tingling in the left carpal tunnel region and forearm. The patient's date of injury is 08/19/14. Patient is status post left lateral epicondyle steroid injection on 01/13/15. The request is for NCV OF THE RIGHT UPPER EXTREMITY. The RFA was not included. Physical examination dated 04/10/15 reveals tenderness to palpation of the left lateral epicondyle, left medial epicondyle, and left forearm. The provider notes decreased grip strength on the left and decreased sensation in the C7 dermatome distribution of the left upper extremity. Phalen's test is noted to be positive in the left upper extremity, and a positive Tinel's sign is also noted in the left wrist. The patient is currently prescribed Ibuprofen and Flurbiprofen cream. Diagnostic imaging was not included. Per 04/10/15 progress note, patient is advised to return to work with modifications ASAP. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regard to the NCV to the right upper extremity, this patient does not meet guideline criteria. This patient presents with left upper extremity pain with a neuropathic component along the left C7 dermatome distribution. There is no documentation of pain or neuropathy in the right upper extremity which would warrant electrodiagnostic studies. The associated NCV/EMG of the left upper extremity is appropriate, however without documentation of pain or suspected nerve compromise in the right upper extremity, such testing cannot be substantiated. Therefore, the request IS NOT medically necessary.

**EMG of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

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a positive Tinel's sign is also noted in the left wrist. The patient is currently prescribed Ibuprofen and Flurbiprofen cream. Diagnostic imaging was not included. Per 04/10/15 progress note, patient is advised to return to work with modifications ASAP. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regard to the EMG to the left upper extremity, the request is appropriate. There is no documentation that this patient has undergone EMG/NCV studies of the upper extremities to date. Progress notes establish that this patient has been experiencing pain in the left elbow which radiates into the arm, a loss of grip strength, and exhibits symptoms of neuropathy along the C7 dermatome distribution of the left upper extremity. Given this patient's pain in the extremity with a neuropathic component, and a lack of EMG/NCV studies to date, the request for an EMG study of this extremity is substantiated. The request IS medically necessary.

**NCV of the left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

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