Case Number:	CM14-0156622		
Date Assigned:	09/26/2014	**Date of Injury:**	01/23/2014
Decision Date:	11/05/2014	**UR Denial Date:**	09/02/2014
Priority:	Standard	**Application Received:**	09/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 39-year-old female who reported a date of injury of 01/23/2014. The mechanism of injury was not indicated. The injured worker had diagnoses of right radial tunnel syndrome and right cubital tunnel syndrome. Prior treatments included the use of an elbow splint and physical therapy. The injured worker had unspecified x-rays of unknown dates with an unofficial report indicating no bony or ligamentous abnormalities. Surgeries were not indicated within the medical records provided. The injured worker had complaints of right cubital tunnel syndrome symptoms, stated she had been strictly avoiding prolonged elbow flexion, leaning on her elbows and has been wearing her elbow extension at night. The clinical note dated 08/04/2014 noted the injured worker had tenderness to palpation over the cubital tunnel with a positive Tinel's sign and flexed elbow compression test but no first dorsal interossei weakness. The injured worker had tenderness to palpation over the radial tunnel. Medications included Terocin patches and nabumetone. The treatment plan included the physician's recommendation for electrodiagnostic studies, to evaluate the severity of the cubital tunnel syndrome. The rationale provided was indicated as, due to the injured worker's continued symptoms and pain with conservative management, electrodiagnostic studies would allow for the evaluation and severity of the cubital tunnel syndrome. The Request for Authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG of the left upper extremity is not medically necessary. The injured worker had complaints of right cubital tunnel syndrome symptoms, stated she had been strictly avoiding prolonged elbow flexion, leaning on her elbows and has been wearing her elbow extension at night. The California MTUS/ACOEM Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. Electromyography/nerve conduction velocity studies are used for identifying and defining forearm, wrist and hand pathology, for carpal tunnel syndrome. The injured worker is noted to have a positive Tinel's and flexed elbow compression test. However, there is a lack of documentation indicating the specific upper extremity for these findings. Furthermore, there is a lack of documentation indicating the injured worker has radiculopathy to warrant an electrodiagnostic study. As such, the request is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG of the right upper extremity is not medically necessary. The injured worker had complaints of right cubital tunnel syndrome symptoms, stated she had been strictly avoiding prolonged elbow flexion, leaning on her elbows and has been wearing her elbow extension at night. The California MTUS/ACOEM Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. Electromyography/nerve conduction velocity studies are used for identifying and defining forearm, wrist and hand pathology, for carpal tunnel syndrome. The injured worker is noted to have a positive Tinel's and flexed elbow compression test. However, there is a lack of documentation indicating the specific upper extremity for these findings. Furthermore, there is a lack of documentation indicating the injured worker has

radiculopathy to warrant an electrodiagnostic study. As such, the request is not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for NCV of the left upper extremity is not medically necessary. The injured worker had complaints of right cubital tunnel syndrome symptoms, stated she had been strictly avoiding prolonged elbow flexion, leaning on her elbows and has been wearing her elbow extension at night. The California MTUS/ACOEM Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. Electromyography/nerve conduction velocity studies are used for identifying and defining forearm, wrist and hand pathology, for carpal tunnel syndrome. The injured worker is noted to have a positive Tinel's and flexed elbow compression test. However, there is a lack of documentation indicating the specific upper extremity for these findings. Furthermore, there is a lack of documentation indicating the injured worker has radiculopathy to warrant an electrodiagnostic study. As such, the request is not medically necessary.