

<b>Case Number:</b>	CM13-0044743		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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: Hawaii, California, Iowa

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:

This case is a 40 year old female with a date of injury on 1/29/2009. A review of the medical records indicate the patient is treating for bilateral cubital tunnel syndrome, right internal epicondylitis, cervical and upper trapezium myofascial pain, and bilateral medial elbow tendinitis. Subjective complaints (10/15/2013, 11/25/2013) include "numbness and tingling in the hands", but was not specific with regards to distribution of numbness. Symptoms are reported to be worse at nighttime. Medical notes (8/28/2013, 6/5/2013) also indicate nonspecific medical elbow tenderness and neck symptoms. Objective findings (10/15/2013, 11/25/2013) include paracervical and upper trapezium myofascial tenderness, negative spurlings maneuver, tenderness at elbows, and sensory deficit of ulnar digits bilateral hands, and weakness of grip strength right greater than left. Note (8/28/2013) also indicate positive elbow flexion test on the right positive Tinels at both elbows. Treatment has included elbow extension brace, physical therapy, and work restrictions (no light duty). The treating physician notes that the requested EMG/NCS of the extremities is due to the limited improvement with her current treatment plan. A utilization review dated 10/11/2013 non-certified a request for EMG/NCV for the right upper extremity due to lack of neurological abnormalities or motor strength examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV for the right upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM states regarding EMGs of the neck and upper back, 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. In regards to the arms and wrists, ACOEM 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." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Records do indicate that subtle neurological dysfunction at the elbow that is greater than 3-4 weeks. There is a presence of weakness, decreased grip strength, positive Tinel's at the elbow, and paresthesia to the right side. Based on the medical documentation provided, the request for EMG/NCV for the right upper extremity is deemed medically necessary.