

<b>Case Number:</b>	CM13-0004465		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 33-year-old male who reported injury on 06/08/2012. The mechanism of injury was stated to be the patient stepped in a puddle of water and his legs slipped out from under him. The patient was noted to have numbness to bilateral ulnar 3 fingers. Objectively, the patient was noted to have intact motor strength, but sensation was slightly diminished to the volar 4th and 5 digits. The patient was noted to have a negative Tinel's, but a slightly positive Phalen's. The patient's diagnoses were noted to be bilateral hand numbness, cervical versus ulnar neuropathy, and the request was made for an EMG/NCV of the bilateral upper extremities to rule out ulnar neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, American college of Occupational and Environmental Medicine, 2nd Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-179.

**Decision rationale:** ACOEM states that 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. The patient was noted to be non-tender to the shoulders and neck and neurologically intact motor, but the patient's sensation was noted to be slightly diminished to the volar 4th and 5th digits. The patient had a slightly positive Phalen's test. The clinical documentation indicated that the request was to rule out ulnar neuropathy versus cervical spine radiculitis. There was a lack of clear rationale for the necessity for an EMG. There was a lack of findings suggestive of radiculopathy to support the necessity for an EMG. Given the above, the request for an EMG of the left upper extremity is not medically necessary.

**EMG Right Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, American college of Occupational and Environmental Medicine, 2nd Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-179.

**Decision rationale:** ACOEM states that 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. The patient was noted to be non-tender to the shoulders and neck and neurologically intact motor, but the patient's sensation was noted to be slightly diminished to the volar 4th and 5th digits. The patient had a slightly positive Phalen's test. The clinical documentation indicated that the request was to rule out ulnar neuropathy versus cervical spine radiculitis. There was a lack of clear rationale for the necessity for an EMG. There was a lack of findings suggestive of radiculopathy to support the necessity for an EMG. Given the above, the request for an EMG of the right upper extremity is not medically necessary.