

<b>Case Number:</b>	CM13-0010977		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Physical Medicine, Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 54-year-old male with date of injury on 08/06/2012. The progress report updated 10/03/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Right shoulder likely complete re-tear of rotator cuff, (2) Right shoulder impingement syndrome, (3) Right-sided C6 radiculopathy, (4) Right elbow ulnar nerve entrapment, (5) Right shoulder biceps tenosynovitis, double crush syndrome. The patient continues with complaints of pain in the neck, right shoulder, right upper arm, right elbow, right wrist, and numbness, tingling, and weakness in right arm and hand. The patient is status post right ulnar nerve decompression surgery on 05/13/2013. The patient had EMG of the upper extremities performed on 10/23/2012, which showed right upper extremity chronic C6 radiculopathy, and right ulnar nerve neuropathy at the elbow. Examination showed right shoulder tenderness over the bicipital groove, positive impingement signs. The examination of the right elbow showed positive Tinel's sign over the ulnar nerve. Strength was rated at 4/5 with flexion, extension, supination and pronation. Sensory disturbance noted in the ring finger and small finger. Evaluation of the left elbow appeared to be normal. Evaluation of grip strength showed approximately 50% less strength in the right versus the left. The treating physician indicates that as the patient is approaching 6 months after his ulnar nerve decompression, he recommends considering repeat electrodiagnostic studies of the bilateral upper extremities. Utilization review letter dated 12/03/2013 issued non-certification of the request for bilateral upper extremity EMG and NCV testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 561-563 and 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCS and EMG for the upper extremities in the Neck section.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient continues with pain in the neck, right shoulder, right upper arm, right elbow, right wrist, with numbness, tingling, and weakness in right arm and hand. ACOEM Guidelines page 178 state that EMG and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The records indicate the patient had EMG testing on 10/23/2012, which showed right upper extremity chronic C6 radiculopathy and right ulnar nerve neuropathy at the elbow. The recent progress reports appear to indicate the patient continues with right upper extremity symptoms. However, the evaluation of the left upper extremity appears to be normal with specific complaints. It is not known why the treater would like an electrodiagnostic study of the left arm when there are no symptoms to evaluate. The treating physician does not provide documentation that would indicate medical necessity for EMG/NCV testing of the left upper extremity. Therefore, recommendation is for denial. .

**EMG/NCV of right upper extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 561-563 and 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NCS and EMG for the upper extremities in the Neck section.

**Decision rationale:** : The patient is status post right ulnar decompression surgery on 05/13/2013 and continues with significant right upper extremity symptoms. The patient continues with significant decreased grip strength on the right as well as positive Tinel's sign at the elbow. ACOEM Guidelines page 178 state that EMG and NCV including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both lasting more than 3 or 4 weeks. ODG Guidelines regarding nerve conduction studies state that they may be recommended to differentiate radiculopathy from other neuropathies. The request for repeat EMG/NCV of the right upper extremity appears to be reasonable, as this patient has not had repeat electrodiagnostic studies after the recent ulnar nerve decompression surgery from 05/13/2013. Given the fact that this patient continues with significant symptoms in the right upper extremity, the request appears to be reasonable. Therefore, authorization is recommended.

