

<b>Case Number:</b>	CM13-0013559		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 is licensed to practice in Illinois. 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 24-year-old female who reported an injury on 04/13/2011. The mechanism of injury was stated to be a cumulative trauma. The patient was noted to undergo a right upper extremity EMG/NCS on 10/17/2011, which was noted to be within normal limits. The patient's examination on 07/12/2013 revealed the patient had subjective complaints of upper extremity pain and the patient was noted to be doing full duties without significant problems. The patient was note to have mild intermittent aches in the right elbow with repetitive activities. The patient's diagnoses were noted to include right shoulder impingement syndrome, right elbow lateral epicondylitis, and right wrist median nerve neuritis. The patient's testing revealed a negative Tinel's and a negative Phalen's. The request was made for a right upper extremity EMG and NCV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- online version- Upper Extremity Electrodiagnostic Testing

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(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 clinical documentation submitted for review indicated the patient had prior testing that was within normal limits on 10/17/2011. The patient was noted to be performing full duties without significant problems and was noted to have mild intermittent aches in the right elbow with repetitive activities. There was a lack of documentation of objective findings of focal neurologic dysfunction and to support radiculopathy. There was a lack of documentation to support the necessity for an EMG and NCV. Given the above, the request for EMG of the right upper extremity is not medically necessary.

**NCV for the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- online version- Upper Extremity Electrodiagnostic Testing

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(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 clinical documentation submitted for review indicated the patient had prior testing that was within normal limits on 10/17/2011. The patient was noted to be performing full duties without significant problems and was noted to have mild intermittent aches in the right elbow with repetitive activities. There was a lack of documentation of objective findings of focal neurologic dysfunction and to support radiculopathy. There was a lack of documentation to support the necessity for an EMG and NCV. Given the above, the request for NCV of the right upper extremity is not medically necessary.