

<b>Case Number:</b>	CM13-0017059		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 and Rehabilitation, 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:

This 62 year-old male sustained an injury on 11/21/07 while employed by [REDACTED]. Request under consideration include repeat Electrodiagnostic Studies, QTY: 1.00. The carrier has accepted the claim for the right lower arm. Report of 7/10/13 from the provider noted the patient with pain and numbness involving the fingertips radiating to left shoulder and up his neck. The patient states he has constant pain with sitting doing desk work and during walking as he was required to wear police equipment that causes hip and back pain. and sitting at a desk. Report of 6/1/3/12 from the provider had limited findings with notation that the patient has been retired (see report of 5/25/11 report) with P&S status and was there for medication refill. Review indicated previous neurology evaluation on 4/1/13 with neurodiagnostic testing which revealed right ulnar neuropathy of the elbow; No evidence of cervical radiculopathy, brachial plexopathy or peripheral nerve entrapment. There is an EMG report from PM&R specialist on 8/8/13 noting "Normal study; No electrodiagnostic evidence of lumbar or cervical radiculopathy or severe peripheral neuropathy." NCV study of 8/8/13 noted "Normal study; No electrodiagnostic evidence of peripheral neuropathy such as carpal tunnel syndrome or ulnar neuropathy at wrist or elbow." The requesting provider did not document the medical indication for a repeat electrodiagnostic study. Request was non-certified on 8/6/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT ELECTRODIAGNOSTIC STUDIES QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This 62 year-old male sustained an injury on 11/21/07 while employed by [REDACTED]. Request under consideration include repeat Electrodiagnostic Studies, QTY: 1.00. The carrier has accepted the claim for the right lower arm. Report of 7/10/13 from the provider noted the patient with pain and numbness involving the fingertips radiating to left shoulder and up his neck. The patient states he has constant pain with sitting doing desk work and during walking as he was required to wear police equipment that causes hip and back pain, and sitting at a desk. Report of 6/1/12 from the provider had limited findings with notation that the patient has been retired (see report of 5/25/11 report) with P&S status and was there for medication refill. Review indicated previous neurology evaluation on 4/1/13 with neurodiagnostic testing which revealed right ulnar neuropathy of the elbow; No evidence of cervical radiculopathy, brachial plexopathy or peripheral nerve entrapment. AME had requested for electrodiagnostic reports for review. This requesting provider again wanted a repeat study per report of 7/10/13. Request was non-certified on 8/6/13 citing guidelines criteria and lack of medical necessity. Review of documents revealed yet another Electromyography (EMG) report from PM&R specialist on 8/8/13 noting "Normal study; No electrodiagnostic evidence of lumbar or cervical radiculopathy or severe peripheral neuropathy." Nerve Conduction Velocity (NCV) study of 8/8/13 noted "Normal study; No electrodiagnostic evidence of peripheral neuropathy such as carpal tunnel syndrome or ulnar neuropathy at wrist or elbow." The requesting provider did not document the medical indication for continually repeating the electrodiagnostic study. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, or entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostics when previously already confirmed. The Repeat of Electrodiagnostic Studies QTY: 1.00 is not medically necessary and appropriate.