

<b>Case Number:</b>	CM13-0020979		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/10/2005
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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:

The underlying date of injury in this case is 10/10/2005. This patient's diagnoses include status post total hip replacement and status post bilateral total knee replacements. As of 05/24/2013, the treating physician reported that the patient reported ongoing pain in his low back and legs. The patient reported numbness and tingling in his hands for which an electrodiagnostic study was requested. A primary treating physician's progress report of 05/24/2013 notes that the patient continued with numbness and tingling was developing in his hands. The patient's treating orthopedic surgeon recommended an electrodiagnostic study to complete the patient's workup at that time. Physical therapy notes as of 04/24/2013 outline ongoing exercises at that time, including standing at the parallel bars for support or performing on a rocker board and standing on a BOSU ball with hand support as needed. The patient's physical therapy was for the diagnoses of status post joint replacement with difficulty walking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Velocity (EMG/NCV) - bilateral upper extremities:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178, and 261.

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

**Decision rationale:** The ACOEM Guidelines state that electromyography and nerve conduction velocities may help identify subtle focal and neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. The patient's symptoms specifically meet the guidelines for these electrodiagnostic studies. Therefore, the requested services are medically necessary.