

<b>Case Number:</b>	CM13-0036329		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Illinois and 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 48-year-old female who reported a work-related injury on November 08, 2010 as the result of a fall. The patient subsequently presented for treatment of the following diagnoses: bilateral upper extremity pain and tingling, cervical paraspinal muscle pain and right knee meniscus tear. The clinical note dated September 04, 2013 reported that the patient was seen in clinic for an initial consultation under the care of [REDACTED]. The provider documented that the patient had utilized physical therapy in 2011. The provider documented that the patient utilizes Prilosec, lorazepam and tramadol. The clinical notes document that upon physical exam of the patient, bilateral upper extremity motor strength was noted to be 5/5 throughout; the patient had sensation intact to light touch. The patient had no clonus and no Hoffmann's. The provider documented that upon exam of the patient's wrists and hands, Tinel's and Phalen's signs were negative over the carpal tunnel and Guyon's canal bilaterally. The provider documented that bilateral lower extremity strength was a 5/5. The provider documented that the patient had not utilized physical therapy interventions for almost 2 years and therefore recommended a course of physical therapy, trigger point injections and an electromyography study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**electromyogram (EMG) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177 - 179, 261. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter, Electrodiagnostic studies (EDS) and Electromyography (EMG)

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

**Decision rationale:** The clinical documentation submitted for review indicated that the patient presented with subjective complaints of cervical spine pain and bilateral upper extremity pain. Electrodiagnostic studies performed on August 31, 2012 of the bilateral upper extremities revealed findings consistent with left carpal tunnel syndrome. Electrodiagnostic studies dated November 07, 2012 revealed bilateral ulnar axonal neuropathy. Upon physical exam of the patient, the provider documented no motor, neurological or sensory deficits indicative of a third set of electrodiagnostic studies of this patient's bilateral upper extremities. The California MTUS guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. However, given the above, the request for an electromyogram (EMG) of the bilateral upper extremities is not medically necessary or appropriate.

**Nerve Conduction Study (NCS) of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177 - 179, 261. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter, Electrodiagnostic studies (EDS)

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

**Decision rationale:** The clinical documentation submitted for review indicated that the patient presented with subjective complaints of cervical spine pain and bilateral upper extremity pain. Electrodiagnostic studies performed on August 31, 2012 of the bilateral upper extremities revealed findings consistent with left carpal tunnel syndrome. Electrodiagnostic studies dated November 07, 2012 revealed bilateral ulnar axonal neuropathy. Upon physical exam of the patient, the provider documented no motor, neurological or sensory deficits indicative of a third set of electrodiagnostic studies of this patient's bilateral upper extremities. The California MTUS guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. However, given the above, the request for a nerve conduction study (NCS) of the bilateral upper extremities is not medically necessary or appropriate.