

<b>Case Number:</b>	CM13-0036546		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	10/07/2013
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62-year-old male who reported an injury on 09/05/2007. He is noted to complain of continued ongoing neck pain and chronic headaches, pain in the wrist and elbow on the right. The patient is noted to have findings on physical examination of a positive Tinel's at the wrists bilaterally with some weakness against resistance and elbow flexion and extension, supination, pronation, and wrist flexion and extension. He is reported to state that he had significant pain radiating to the hand with numbness and tingling, reported difficulty holding objects, and dropping objects. The patient is noted to have undergone a previous nerve conduction study in 2010, which was reported to be positive for bilateral carpal tunnel syndrome. The request is submitted for EMG bilateral upper extremities. The California MTUS Guidelines recommend nerve conduction velocity studies for median or ulnar nerve impingement at the wrist after failure of conservative care. As such, the request for an EMG of the bilateral upper extremities does not meet Guideline recommendations. Based on the above, the request for EMG bilateral upper extremities is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The patient is a 62-year-old male who reported an injury on 09/05/2007. He is noted to complain of continued ongoing neck pain and chronic headaches, pain in the wrist and elbow on the right. The patient is noted to have findings on physical examination of a positive Tinel's at the wrists bilaterally with some weakness against resistance and elbow flexion and extension, supination, pronation, and wrist flexion and extension. He is reported to state that he had significant pain radiating to the hand with numbness and tingling, reported difficulty holding objects, and dropping objects. The patient is noted to have undergone a previous nerve conduction study in 2010, which was reported to be positive for bilateral carpal tunnel syndrome. The request is submitted for EMG bilateral upper extremities. The California MTUS Guidelines recommend nerve conduction velocity studies for median or ulnar nerve impingement at the wrist after failure of conservative care. As such, the request for an EMG of the bilateral upper extremities does not meet Guideline recommendations. Based on the above, the request for EMG bilateral upper extremities is non-certified.