

<b>Case Number:</b>	CM13-0041842		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 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:

review of the case file, including all medical records: The patient is a 51 year old female who reported an injury on 07/25/2012. The mechanism of injury was stated to be the patient was struck by a forklift while putting labels on boxes. The patient was noted to have complaints of swelling, clicking, locking, tingling, popping, stiffness, and tenderness with pain radiating. The patient was noted to have worsening frequent severe left elbow and left wrist pain causing swelling and numbness and pain of a 7/10 to 10/10 on a pain scale. The physical examination revealed the patient had sensation by touch and pinwheel revealing no deviation in sensation. The patient's deep tendon reflexes in the upper extremities were noted to be 2+. The patient was noted to have a positive Spurling's sign for pain radiating to the levator scapula and trapezius muscle. The motor examination revealed 5/5 in the bilateral upper extremities and sensation and circulation were noted to be intact to bilateral upper extremities. The patient's diagnoses were noted to be left cervical strain with left upper extremity cervical radiculitis and cervicgia. The request was made per the physician's documentation for an EMG and nerve conduction studies of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography and Nerve Conduction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

**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 a positive Spurling's test. However, there was a lack of support for radiculopathy as the patient was noted to have sensation intact to bilateral upper extremities and a motor examination that revealed 5/5 to bilateral upper extremities. There was a lack of documented rationale for the necessity for both studies. The request as submitted was for electromyography and nerve conduction without laterality or specification of upper or lower extremities. Given the above, the request as submitted for Electromyography and Nerve Conduction is not medically necessary.