

<b>Case Number:</b>	CM13-0043764		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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 expert 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 records presented for review indicate that this 56-year-old female was reportedly injured on July 2, 2012. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated March 11, 2013, indicated that there were ongoing complaints of bilateral wrist pain and forearm pain, without numbness or weakness. The physical examination demonstrated no abnormalities and a normal neurological examination. Previous treatment included physical therapy. A request had been made for electrodiagnostic studies, electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities and was not certified in the pre-authorization process on October 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Forearm, Wrist, and Hand Chapter (Acute and Chronic).

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate 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 (3) or four (4) weeks. According to the progress note, dated March 11, 2013, not only does the injured employee not have any complaints of numbness or tingling in her hands, but there was a normal neurological examination with a normal Tinel's and Phalen's test. Therefore, it is unclear why there is a request for electrodiagnostic studies, electromyography (EMG) and nerve conduction velocity (NCV) of the upper extremities. This request for an EMG study of the left upper extremity is not medically necessary.

**Nerve conduction velocity (NCV) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Forearm, Wrist, and Hand Chapter (Acute and Chronic).

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**Decision rationale:** The MTUS/ACOEM Guidelines indicate 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 (3) or four (4) weeks. According to the progress note, dated March 11, 2013, not only does the injured employee not have any complaints of numbness or tingling in her hands, but there was a normal neurological examination with a normal Tinel's and Phalen's test. Therefore, it is unclear why there is a request for electrodiagnostic studies, electromyography (EMG) and nerve conduction velocity (NCV) of the upper extremities. This request for an NCV study of the right upper extremity is not medically necessary.

**Nerve conduction velocity (NCV) of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Forearm, Wrist, and Hand Chapter (Acute and Chronic).

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate 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 (3) or four (4) weeks. According to the progress note, dated March 11, 2013, not only does the injured employee not have any complaints of numbness or tingling in her hands, but there was a normal neurological examination with a normal Tinel's and Phalen's test. Therefore, it is unclear

why there is a request for electrodiagnostic studies, electromyography (EMG) and nerve conduction velocity (NCV) of the upper extremities. This request for an NCV study of the left upper extremity is not medically necessary.

**Electromyography (EMG) of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Forearm, Wrist, and Hand Chapter (Acute and Chronic).

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