

<b>Case Number:</b>	CM13-0047105		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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, has a subspecialty in Pain Management, 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:

This is a 47-year-old male construction worker who was injured on 6/4/12 when he fell off a 4-foot high scaffold. He has been diagnosed with: spain of neck; head injury NOS-closed; pain in limb -arm; postconcussion syndrome The IMR application shows a dispute with the 10/22/13 UR denial of NCS (nerve conduction study) and EMG (electromyogram) of the right upper extremity (RUE).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An NCS of the right upper extremety:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The 11/26/13 report from [REDACTED] states the patient continues to have 5/10 neck pain with numbness in the right arm. There is note of non-industrial problems including CTS and ulnar nerve lesion. The physician would like clarification of etiology to determine treatment options for the industrial portion. The Forearm, Wrist, and Hand

Complaints Chapter of the ACOEM Practice Guidelines states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpel tunnel syndrome) and other conditions, such as cervical radiculopathy These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The request is in accordance with ACOEM topics. The request for an NCS of the right upper extremity is medically necessary and appropriate.

**An EMG of the right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The 11/26/13 report from [REDACTED], states the patient continues to have 5/10 neck pain with numbness in the right arm. There is note of non-industrial problems including CTS and ulnar nerve lesion. The physician would like clarification of etiology to determine treatment options for the industrial portion. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS (carpel tunnel syndrome) and other conditions, such as cervical radiculopathy These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The request is in accordance with ACOEM topics. The request for an EMG of the right upper extremity is medically necessary and appropriate.