

<b>Case Number:</b>	CM13-0051405		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 52-year-old female with an injury date of 07/14/2012. According to the 10/02/2013 progress report, the patient complains of constant and severe pain in her right wrist, right hand, and her right shoulder. The pain in her shoulder goes down to her right arm. The patient also has severe cervical spine pain which travels down to her lower back. She has complaints of having severe pain which causes sleeping problems as well as stress and anxiety. There is +2 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7 and right upper shoulder muscles. In regards to the shoulders, there were +3 spasms and tenderness to the right rotator cuff muscles, right upper shoulder muscles, right anterior wrist and right thumb. The patient's diagnoses include the following: 1. Sleep disorder. 2. Anxiety. 3. Bursitis and tendinitis of the right shoulder. 4. Cervical spondylosis without myelopathy. 5. R/O carpal tunnel syndrome (median nerve entrapment at the right wrist). 6. Tendinitis/bursitis of the right hand/wrist. The request is for the following: 1. EMG bilateral upper extremities. 2. NCS bilateral upper extremities. The utilization review being challenged is dated as 10/11/2013. The treatment reports were provided from 10/24/2012 - 10/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY OF THE LEFT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 10/02/2013 report, the patient presents with pain in her right wrist, right hand, right shoulder, and cervical spine; constant severe pain which causes difficulty sleeping as well as stress and anxiety. The request is for an EMG of the bilateral upper extremities. For EMG, ACOEM guidelines page 262 states, Appropriate Electrodiagnostic studies may help differentiate between CTS (Carpal Tunnel Syndrome) and other conditions such as cervical radiculopathy. They may include nerve conduction studies (NCS), or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. An EMG may help the physician pinpoint the cause and location of the patient's symptoms. Therefore, Electromyography of the Left Upper Extremity is medically necessary.

**NERVE CONDUCTION STUDIES OF THE UPPER LEFT EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the 10/02/2013 progress report, the patient presents with pain in her right wrist, right hand, right shoulder, cervical spine, and has severe pain which causes difficulty sleeping, stress, and anxiety. The request is for an NCS of the bilateral upper extremities. For EMG, ACOEM Guidelines page 262 states, appropriate diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies, or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist. An NCV may help the physician pinpoint a cause and location of the patient's symptoms. Therefore, Nerve Conduction Studies of the Upper Left Extremity is medically necessary.