

<b>Case Number:</b>	CM13-0053339		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 48-year-old female with a 3/20/09 date of injury. At the time (10/1/13) of request for authorization for EMG (Electromyography) of right upper extremity and EMG (Electromyography) of left upper extremity, there is documentation of subjective (wrist numbness and tingling) and objective (tenderness along the carpal tunnel area on the left and decreased grip strength in the left hand) findings, current diagnoses (carpal tunnel syndrome on the left), and treatment to date (splinting and injection). Regarding EMG (Electromyography) of upper extremity, there is no documentation of subjective/objective findings consistent with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG (ELECTROMYOGRAPHY) OF RIGHT UPPER EXTREMITY .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178, 238.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electrodiagnostic studies (EDS)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not

responded to conservative treatment, as criteria necessary to support the medical necessity of Electromyography (EMG)/Nerve Conduction Velocity (NCV). The Official Disability Guidelines identifies that EMG is useful in cases where clinical findings are unclear or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome on the left. In addition, there is documentation of conservative treatment. However, there is no documentation of subjective/objective findings consistent with radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG (Electromyography) of right upper extremity is not medically necessary.

**EMG (ELECTROMYOGRAPHY) OF LEFT UPPER EXTREMITY .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178, 238.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of Electromyography(EMG)/Nerve Conduction Velocity(NCV). The Official Disability Guidelines identifies that EMG is useful in cases where clinical findings are unclear or to identify other etiologies of symptoms. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome on the left. In addition, there is documentation of subjective findings consistent with nerve entrapment that has not responded to conservative treatment. However, there is no documentation of subjective/objective findings consistent with radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG (Electromyography) of left upper extremity is not medically necessary.