

<b>Case Number:</b>	CM13-0060844		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Neurology, has a subspecialty in Pain Medicine 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 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:

4/10/13 note indicates EMG study reporting mild left ulnar neuropathy at the elbow with no evidence of cervical radiculopathy. 11/8/13 note indicates neck pain and right arm pain. There is radiating pain in the neck, shoulder, arm, forearm, and medial hand. The insured is losing grip strength. The insured is being treated with lyrica, oxycontin, and oxycodone. The insured has stopped doing physical activities. Examination notes strength is 5/5 with diffuse decrease in sensation in the right hand. Lower extremity neurologic examination was reported as normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -neck, EMG

**Decision rationale:** ODG supports Electromyography (EMG). It may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The medical records provided for review indicate

sensory loss in right arm with previous EMG indicating ulnar neuropathy at elbow. There is no indication of progressive neurologic change in regard to motor, sensory, or reflexes. There is no indication of planned surgery and that the surgeon has requested the study in order to rule out the need for the procedure. As such the medical records do not support EMG congruent with ODG guidelines. The request is not medically necessary and appropriate.

**NCS FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, NCV

**Decision rationale:** ODG supports Nerve Conduction Velocity (NCV) may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The medical records provided for review indicate sensory loss in right arm with previous Electromyography (EMG)/Nerve Conduction Velocity (NCV) indicating ulnar neuropathy at elbow. There is no indication of progressive neurologic change in regard to motor, sensory, or reflexes. There is no indication of planned surgery and that the surgeon has requested the study in order to rule out the need for the procedure. As such the medical records do not support NCV congruent with ODG guidelines. The request is not medically necessary and appropriate.