MAXIMUS Federal Services

| Case Number: | CM13-0061879 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 03/14/2011 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

## 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 39-year-old male who reported injury on 09/11/2012. The mechanism of injury was noted to be the patient was opening a heavy door. The clinical documentation of 10/22/2013 revealed the patient had a positive elbow flexion test on the left. The patient had diminished light touch in the left thumb, index, middle, ring, and small fingers globally and there was a Katz hand diagram score that revealed a classic pattern of carpal tunnel. The patient's diagnoses included left medial epicondylitis, and left carpal and cubital tunnel syndrome. The physician indicated they reviewed the patient's prior electrodiagnostic studies which confirmed the objective findings of left carpel tunnel syndrome and left cubital tunnel syndrome. However, the physician opined that the patient may have an element of radiculopathy in the cervical and lumbar regions. The request was made for updated electrodiagnostic testing of both the upper and lower extremities to see if there was progression of the trapped nerves as well.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004)

**Decision rationale:** The Expert Reviewer's decision rationale: ACOEM states 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 or four weeks. The clinical documentation submitted for review indicated the patient had objective findings on the left upper extremity. There was a lack of documentation indicating the patient had objective findings in the bilateral extremities to support bilateral upper extremities testing. The physician indicated he wanted the testing to find out if there was progression of the trapped nerve and to see if there was radiculopathy on top of the carpal tunnel and tennis elbow symptoms. The prior EMG/NCV was not provided for review. Given the above, the request for EMG/NCV bilateral upper extremities is not medically necessary.