

<b>Case Number:</b>	CM14-0003055		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/26/2000
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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:

Medical records from 2013 were reviewed. The patient complained of severe pain in the neck and shoulders with pain and numbness in both hands. Physical examination showed 50% of the normal range of motion (ROM) of the cervical spine; tenderness over the anterior and posterior cervical triangles, anterior and posterior aspect of the right shoulder, bilateral medial and lateral epicondyles, and bilateral forearms; restricted ROM of the right shoulder at forward flexion of 160 degrees, abduction of 150 degrees, external rotation of 70 degrees, and internal rotation of 30 degrees; positive impingement and adduction sign bilaterally; restricted ROM of the left shoulder at forward flexion and abduction of 160degrees, external rotation of 70 degrees, and internal rotation of 30 degrees; positive Tinel's, Phalen's, bent-elbow sign, and compression sign bilaterally. Treatment to date has included Nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, anticonvulsants, physical therapy, and steroid injections. Utilization review from December 26, 2013 denied the request for EMG/NCS of bilateral upper extremities due to confirmation of bilateral cubital tunnel syndrome from a previous electrodiagnostic study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (ELECTROMYOGRAPHY) FOR BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004,, CHAPTER (NECK AND UPPER BACK COMPLAINTS ), 177-179

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** According to page 238 of the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Electromyography (EMG) is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient was diagnosed with carpal tunnel syndrome. The patient presented with symptoms of radiculopathy, which persisted despite physical therapy. Progress notes from December 18, 2013 reported severe pain in the neck and shoulders with pain and numbness in both hands. The patient has focal neurologic deficit. However, a previous electrodiagnostic study showed bilateral cubital tunnel syndrome. There are no recent progress notes showing significant changes that would necessitate another EMG. Therefore, the request for EMG for bilateral upper extremities is not medically necessary.

**NCS (NERVE CONDUCTION STUDIES) FOR BILATERAL UPPER EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004., CHAPTER (NECK AND UPPER BACK COMPLAINTS ), 177-179

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not specifically address Nerve Conduction Studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by Electromyography (EMG) and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with symptoms of radiculopathy, which persisted despite physical therapy. Progress notes from December 18, 2013 reported severe pain in the neck and shoulders with pain and numbness in both hands. However, a previous electrodiagnostic study showed bilateral cubital tunnel syndrome. There is no comprehensive neurological exam available, but the patient's radicular symptoms were already confirmed by the previous electrodiagnostic study. There is no compelling rationale for a repeat NCS in this case. Therefore, the request for NCS for bilateral upper extremities is not medically necessary.