

<b>Case Number:</b>	CM14-0006156		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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:

The patient is a 50-year-old male who has submitted a claim for injury to the brachial plexus associated with an industrial injury date of January 13, 2011. Medical records from 2013 were reviewed. The patient complained of right arm biceps atrophy and pain with some weakness. Physical examination showed right arm grip weakness. Treatment to date has included NSAIDs, home exercise programs, physical therapy, and surgery. Utilization review from December 27, 2013 denied the request for electromyogram/ nerve conduction velocity (EMG/NCV) of the right upper extremity due to insufficient data presented to support the repeat electromyogram (EMG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY, AS OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** According to page 238 of the ACOEM Practice Guidelines, electromyogram (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. According to ODG, nerve conduction study (NCS) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with symptoms of possible denervation atrophy, which persisted despite physical therapy. Progress notes from December 5, 2013 reported right arm biceps atrophy and pain with right arm grip weakness. Previous EMG/NCV and MRI of the right arm showed multiple level degenerative joint disease; however, official results are not available for review. Medical necessity for an EMG is established. Therefore, the request for electromyography (EMG) of the right upper extremity, as outpatient is not medically necessary.

**1 NERVE CONDUCTION VELOCITIES (NCV) OF THE RIGHT UPPER EXTREMITY, AS OUTPATIENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS)

**Decision rationale:** According to ODG, nerve conduction study (NCS) is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly radiculopathy. In this case, the patient presented with symptoms of possible denervation atrophy, which persisted despite physical therapy. Progress notes from December 5, 2013 reported right arm biceps atrophy and pain with right arm grip weakness. Previous EMG/NCV and MRI of the right arm showed multiple level degenerative joint disease; however, official results are not available for review. However, this has a simultaneous request for NCV. There is no comprehensive neurologic exam available, but the patient's symptoms strongly indicate denervation atrophy; obviating the need for NCV. Therefore, the request for nerve conduction velocities (NCV) of the right upper extremity, as outpatient is not medically necessary.