

<b>Case Number:</b>	CM14-0009553		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Neurology, has a subspecialty in Neurocritical Care, 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:

This is a 57-year-old male with a 05/07/2012 date of injury, when he was edging and blowing, also weeding. He put the edger on the passenger side floor board. He drove to the quad area. The edger was rolling out and off the cart. He went to grab it with the right arm and should to the passenger side. 1/6/14 determination was non-certified given no documentation of a comprehensive description of the treatment to date to the upper extremities, and copy of the QME report recommending electrodiagnostic studies to be performed. 1/17/14 medical report identifies pain, numbness, and tingling thought out the entire right arm. On exam there was limited shoulder range of motion and decrease in strength against resistance on abduction to 3/5 due to pain. The patient stated that the QME requested a nerve conduction studies and that he had an addendum to the last QME report. 11/20/13 QME report identifies that the patient was treated with pain medications, modified work, and physical therapy. The patient was scheduled to undergo shoulder surgery, however, his family doctor felt his uncontrolled hypertension posed a significant surgical risk. There is shoulder pain and neck pain. The pain travels to the right arm. There is numbness in the right hand as well. On exam the patient reported numbness in all digits in the right hand and decreased circumferential sensibility in his entire right arm. The interphalangeal joint on the hands had diffuse swelling. The patient reported diffuse, exaggerated and non-physiologic responses to stimuli in the right wrist. There was poor effort on motion testing of the wrist joint. The provider states that the patient demonstrates functional pain behaviors. He displays cogwheel weakness on manual motion strength testing of the right upper extremity. He moves slow and deliberate fashion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY/NERVE CONDUCTION STUDIES, UPPER EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Electromyography (EMG).

**Decision rationale:** The patient presents with neck and right upper extremity pain. However, the findings do not clearly follow a dermatomal distribution. There are also no clear objective findings to correlate with the symptoms. The QME reported diffuse, exaggerated and non-physiologic responses to stimuli in the right wrist. There was poor effort on motion testing of the wrist joint and functional pain behaviors. The patient also displayed cogwheel weakness on manual motion strength testing of the right upper extremity. In this context, it is not clear that the patient's symptoms are neuropathic in nature. The patient states that the QME recommended electrodiagnostic testing, however, the formal report does not include such recommendation. There is insufficient documentation at this point to support the necessity of electrodiagnostic testing. Therefore the request is not medically necessary and appropriate.