

<b>Case Number:</b>	CM14-0101051		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 29-year-old female who reported an injury due to continuous trauma on 11/21/2011. On 05/07/2014, her diagnoses included cervical sprain/strain, rule out radiculopathy, shoulder sprain/strain, rule out tendinitis/bursitis, left arm pain, right arm pain, bilateral hand/wrist tendinitis/bursitis, lower back sprain/strain, rule out tendinitis/bursitis, hip tendinitis/bursitis, depression, and anxiety. Her complaints included chronic pain of her cervical spine, both shoulders, both arms/hands/wrists, lower back, hips, anxiety and depression. Upon examination, there was spasm and tenderness observed in the paravertebral muscles of both the cervical and lumbar spine with decreased range of motion on flexion and extension. She described the pain radiating to her arms as sharp, shooting, throbbing, and burning. Her pain disturbed her sleep. She reported that physical therapy and pain medication provided improvement, but she remained symptomatic. Her medications included Vicodin of an unknown dose, and Tramadol 150 mg. Her treatment plan recommendations included electrodiagnostic studies of the upper and lower extremities to rule out peripheral nerve entrapment disorder. It was noted that the EMGs of the upper extremities had been approved, but the NCVs had been denied. The results of the electromyograms were not available for review. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction studies (NCSs) of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Electrodiagnostic Testing Nerve Conduction Studies (NCSs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The request for NCV of the left upper extremity is not medically necessary. The California ACOEM Guidelines note that nerve conduction velocity study is not recommended for all acute, subacute, and chronic hand, wrist, and forearm disorders. Electromyography/nerve conduction velocity studies are only recommended for a diagnosis of carpal tunnel syndrome. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. The guidelines do not support this request; therefore, this request for NCV of the left upper extremity is not medically necessary.

**Nerve conduction studies (NCSs) of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Electrodiagnostic Testing Nerve Conduction Studies (NCSs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The request for NCV of the right upper extremity is not medically necessary. The California ACOEM Guidelines note that nerve conduction velocity study is not recommended for all acute, subacute, and chronic hand, wrist, and forearm disorders. Electromyography/nerve conduction velocity studies are only recommended for a diagnosis of carpal tunnel syndrome. Routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. The guidelines do not support this request; therefore, this request for NCV of the right upper extremity is not medically necessary.