

<b>Case Number:</b>	CM14-0101687		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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:

This is a 52-year-old female with a 4/1/2014 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/6/14 noted subjective complaints of 8/10 bilateral wrist pain. Objective findings included subjective numbness and tingling in all her fingers upon full flexion and extension. There is no complete neurological exam documented. Diagnostic Impression: bilateral wrist and hand pain, subjective numbness and tingling Treatment to Date: medication management A UR decision dated 6/10/14 denied the request for EMG/NCV of bilateral upper extremities. There is limited evidence of any trialed and failure to improve from conservative care. There is limited evidence of cervical radiculopathy with evidence of dermatomal sensory changes, myotomal weakness, and dermatomal pain on examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck and Upper Back (Last Updated 4/14/14).

**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.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, although there is subjective numbness and tingling noted, there is no detailed neurological examination of the upper extremities documented in the notes provided for review. Additionally, there is no documentation of failure of conservative treatment such as physical therapy therefore, the request for EMG bilateral upper extremities is not medically necessary.

**NCV Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck and Upper Back (Last Updated 4/14/14).

**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.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, although there is subjective numbness and tingling noted, there is no detailed neurological examination of the upper extremities documented in the notes provided for review. Additionally, there is no documentation of failure of conservative treatment such as physical therapy therefore, the request for NCV bilateral upper extremities is not medically necessary.