

<b>Case Number:</b>	CM14-0011946		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 35 year old woman with a date of injury of 12/15/12. She was seen by a physical medicine consultant on 12/12/13 for complaints of left hand pain. She had muscle spasms in her neck and shoulder with numbness and burning pain throughout her arms. Her physical exam showed palpable trigger points in the cervicospinal region and tenderness in the biceps tendon bilaterally and lateral epicondyle bilaterally. Her sensory exam showed paresthesias to light touch and pink prick in digits 1-4 on the left hand and 1-2 on the right hand. She had 3+/5 shoulder abduction and forward flexion on the right and 4-/5 on the left. Elbow flexion and extension were 4-/5 bilaterally. She had positive Tinel's, Phalen's and Finkelstein tests bilaterally. Her diagnoses were carpal tunnel syndrome, biceps tenosynovitis and lateral epicondylitis bilaterally. An electromyogram/ nerve conduction study (EMG/NCS) was requested to delineate ongoing neuropathic conditions such as peripheral neuropathy vs. cervical radiculopathy in the upper extremities. A metabolic panel and CBC were also requested as a baseline 'to make sure her kidneys are functional' to understand her overall general health and that there is no potential threat from adverse reactions to the ongoing use of medications. Both the labs and EMG/NCV are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags documented on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the bilateral upper extremities in this injured worker.

**Labs: Metabolic Panel and CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Causes and diagnosis of iron deficiency anemia in the adult and Assessment of kidney function

**Decision rationale:** This injured worker has chronic upper extremity pain with an injury sustained in 2012. A metabolic panel and CBC were ordered to monitor her renal function and general overall health. Given her age and no documentation of any compliance issues with medications and no symptoms of any toxicity or renal, GI, hepatic or cardiovascular illnesses or symptoms, a comprehensive metabolic panel and CBC as lab monitoring are not medically justified.

**NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags documented on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for a NCV of the bilateral upper extremities in this injured worker.