

<b>Case Number:</b>	CM14-0014169		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 49-year-old male who has submitted a claim for history of right carpal tunnel release and left occipital neuralgia associated with an industrial injury date of June 27, 2012. Medical records from 2012 to 2013 were reviewed. The patient complained of bilateral hand numbness. Physical examination showed positive elbow flexion, Durkan's, and Tinel's test bilaterally. Treatment to date has included NSAIDs, opioids, narcotics, home exercise programs, occupational therapy, physical therapy, and carpal tunnel release. Utilization review from January 14, 2014 denied the request for EMG (electromyography)/NCV (nerve conduction velocity) of bilateral upper extremities. Reasons for denial are unavailable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) 2014.

**Decision rationale:** According to the Elbow Disorders Chapter of the ACOEM Practice Guidelines, 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. The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient complained of bilateral hand numbness. Progress report from September 13, 2013, showed positive elbow flexion, Durkan's, and Tinel's test bilaterally. However, the patient's history and physical examination findings are not compatible with radiculopathy. There is no indication for an EMG in this case. Therefore, the request for EMG left upper extremity is not medically necessary and appropriate.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) 2014.

**Decision rationale:** According to the Elbow Disorders Chapter of the ACOEM Practice Guidelines, 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. The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient complained of bilateral hand numbness. Progress report from September 13, 2013, showed positive elbow flexion, Durkan's, and Tinel's test bilaterally. However, the patient's history and physical examination findings are not compatible with radiculopathy. There is no indication for an EMG in this case. Therefore, the request for EMG right upper extremity is not medically necessary and appropriate.

**NCS left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Head Chapter, Neck/Upper Back Chapter, and Forearm/Wrist/Hand Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Nerve Conduction Studies (NCS).

**Decision rationale:** The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but it is recommended if the EMG is not clearly consistent with radiculopathy. In this case, the patient complained of bilateral hand numbness. Progress report from September 13, 2013, showed positive elbow flexion, Durkan's, and Tinel's test bilaterally. Medical necessity for NCS was established. Therefore, the request for NCS left upper extremity is medically necessary and appropriate.