

<b>Case Number:</b>	CM14-0017467		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/31/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 and 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 38-year-old male who reported injury on 01/31/2009. The mechanism of injury was noted to be an injury to the right wrist and elbow when an electric pallet jack the injured worker was operating crushed and pinned his right upper extremity into a trailer wall. The date of injury per the application of independent medical review was 01/31/2009. However, the documentation of 07/02/2013 indicated the injured worker reported injury on 10/02/2009. The EMG/NCS of 03/22/2013 revealed mild medial delay across the right wrist, status post carpal tunnel release, normal residual of prior carpal tunnel syndrome versus newer persistent compression and moderate left ulnar neuropathy at the elbow and mild left ulnar neuropathy at the wrist. The documentation of 01/2014 indicated the injured worker had a positive Phalen's on the right with diminished light touch in the right median nerve. There was tenderness to palpation at the right medial wrist and right shoulder, positive impingement test, and muscle spasms at the trapezius. The diagnoses were status post right carpal tunnel release on 05/28/2010 and right De Quervain's release. The treatment plan included an EMG/NCV of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Two Neck And Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM states that Electromyography (EMG), and Nerve Conduction Velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of specific myotomal and dermatomal findings to support the necessity for an EMG of the bilateral upper extremities. The injured worker underwent bilateral upper extremity EMG/NCV testing on 03/14/2013. There was a lack of documentation indicating the injured worker's symptomatology and objective findings had changed significantly to support the necessity for a repeat examination. Additionally, the clinical documentation indicated the injured worker's findings were on the right side. There was a lack of documentation indicating a necessity for bilateral studies. Given the above, the request for an EMG of the bilateral upper extremities is not medically necessary.

**NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation (TWC), Neck and Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The clinical documentation submitted for review failed to provide documentation of specific myotomal and dermatomal findings to support the necessity for an Electromyography (EMG) of the bilateral upper extremities. The injured worker underwent bilateral upper extremity Electromyography (EMG)/Nerve Conduction Velocity (NCV) testing on 03/14/2013. There was a lack of documentation indicating a necessity for both an EMG/NCV. The objective findings were on the right and there was a lack of documentation indicating a necessity for bilateral studies. Given the above, the request for an NCV of the bilateral upper extremities is not medically necessary.