

<b>Case Number:</b>	CM14-0119860		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with a 4/21/14 date of injury. At the time (7/1/14) of request for authorization for Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the Left Upper Extremity, there is documentation of subjective (left shoulder pain that radiates to the upper back with numbness and tingling in the left hand) and objective (decreased strength of 2/5 in left shoulder, tenderness to palpation with spasms of the paraspinals bilaterally, left upper trapezius, and left carpal bones) findings, current diagnoses (left hand crush injury, left upper extremity neuropathy, left shoulder sprain/strain, and lumbar spine sprain/strain with myospasms), and treatment to date (medications (including Advil and Biofreeze)). Medical report identifies concurrent requests for chiropractic treatment and physical therapy. There is no documentation of response to additional conservative treatment (physical modalities).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the Left Upper Extremity: Upheld**

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

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

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of left hand crush injury, left upper extremity neuropathy, left shoulder sprain/strain, and lumbar spine sprain/strain with myospasms. In addition, given documentation of subjective (left shoulder pain that radiates to the upper back with numbness and tingling in the left hand and objective (decreased strength of 2/5 in left shoulder) findings, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Furthermore, there is documentation of conservative treatment (medications). However, given documentation of medical report identifying concurrent requests for chiropractic treatment and physical therapy, there is no documentation of response to additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the Left Upper Extremity is not medically necessary.