

<b>Case Number:</b>	CM14-0138267		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Family 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 injured worker's date of injury is 04/18/2012. Medical records regarding the original injury were not provided. The patient had left knee arthroscopic surgery on 04/07/2014, not subject for review. This patient receives treatment for chronic right upper extremity pain and tingling, left upper extremity pain, weakness, and tingling, bilateral shoulder pain, and low back pain. On examination there is bilateral forearm tenderness. Treatments received include physical therapy, splinting, and medications. On 09/16/2013, Phalen's test was positive bilaterally and Tinnel's test was negative. On exam on 04/07/2014, all reflexes were normal. The medical diagnoses include: cervicothoracic spine strain, chronic right C8 radiculopathy, basal thumb joint arthralgia, lumbar strain, and bilateral shoulder impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 EMG/NCS of the Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient has signs and symptoms of low back strain. The medical documentation does not clearly show signs and symptoms consistent a radicular diagnosis. Electrodiagnostic tests are recommended as an option only when the symptoms and physical findings require additional delineation when an intervention is planned. There is no documentation that any surgical procedure is planned. Generally a nerve conduction study is not necessary for low back conditions. Based on the documentation neither an EMG or an NCS is medically indicated.

**1 EMG/NCS of the Bilateral Upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Electrodiagnostic studies may be medically indicated for some cases of carpal tunnel syndrome if conservative therapy has failed and if a surgical intervention is planned. Typically the NCS suffices. There was an electrodiagnostic evaluation on 05/29/2013, however, the clinical plan does not make clear the rationale for another evaluation. Based on the documentation, neither the EMG or the NCS is medically indicated.