Case Number:	CM14-0142546		
Date Assigned:	09/10/2014	**Date of Injury:**	04/09/2013
Decision Date:	11/06/2014	**UR Denial Date:**	08/26/2014
Priority:	Standard	**Application Received:**	09/03/2014

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, has a subspecialty in Interventional 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 56 year-old woman who was injured at work on 4/9/2013. The injury was primarily to her right shoulder, elbow, forearm, wrist and hand. She is requesting review of denial for an EMG of her right upper extremity.Medical records corroborate ongoing care for her injuries. These records include an orthopedic evaluation completed on 3/19/2014 after her surgical procedure was performed. The diagnoses include: Status Post Right Elbow Lateral Epicondylectomy with Release of Extensor Carpi Radialis Brevis and Carpal Tunnel Release (performed on 3/3/2014); and Right Shoulder Impingement Syndrome. Her post-operative management included analgesics and modified duty with work restrictions. When evaluated in follow-up on 7/30/2014, she complained of numbness and tingling throughout her right hand. The provider requested "repeat nerve conduction studies."

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm/Wrist/Hand, Electrodiagnostic Studies; Carpal Tunnel Syndrome, Electrodiagnostic Studies; and Carpal Tunnel Syndrom, Electromyography (EMG).

Decision rationale: The Official Disability Guidelines (ODG) comment on the criteria for electrodiagnostic testing for complaints involving the forearm/wrist and hand including carpal tunnel syndrome (CTS).In general, these guidelines indicate that electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. Regarding the use of electromyography (EMG) as a component of these studies, the guidelines indicate that EMGs are recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The MTUS/ACOEM Guidelines comment on the use of EMG/NCV studies for patients with shoulder complaints. In Table 9-6 (Page 213) they state that EMG and NCV studies are not recommended for the detection of physiologic abnormalities.In this case the orthopedic surgeon requested nerve conduction studies. Nerve conduction studies were certified for the right upper extremity. There is insufficient documentation in support of the need for an EMG as well. The MTUS/ACOEM Guidelines do not support the use of EMGs for shoulder complaints. The ODG Guidelines do not support the use of EMGs except in certain situations. For example, if it is necessary to define whether a patient's neuropathy is of demyelinating or axonal type. There is no evidence in the records to indicate that the treating physician is requesting EMGs for this concern. Therefore, EMGs are not considered as a medically necessary test.