

<b>Case Number:</b>	CM14-0163844		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Spine 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 58-year-old male with date of injury of 05/05/2010. The listed diagnoses per [REDACTED] from 08/20/2014 are: 1. Status post left knee arthroscopy from 06/12/2014 with 70 percent relief. 2. Herniated nucleus pulposus at C5-C6 with mild stenosis. 3. Status post right knee chondroplasty on 04/11/2013. 4. Status post re-exploration of the lumbar spine for postoperative fascial dehiscence irrigation with debridement and re-approximation of the fascial closure and musculofascial reconstruction on 12/08/2012. 5. Status post right interlaminar laminotomy at the bilateral L3-L4 and L4- L5 levels on 10/17/2012 with residuals. 6. Right knee compensatory consequence injury with medial collateral ligament tear and medial meniscus tear. 7. Bilateral lower extremity varicose veins. 8. Bilateral Achilles tendonitis. 9. Bilateral heel spurs complicated by symptoms of plantar fasciitis. 10. Bilateral shoulder sprain/strain rule out internal derangement. 11. Bilateral shoulder tendonitis. 12. Herniated nucleus pulposus at C5-C6 level with bilateral upper extremity radicular pain and paresthesias rule out stenosis at C4-C5 and C5-C6 levels. 13. Status post fall with bilateral knee flare-up left more than the right. 14. Mild right knee effusion, old tear at the medial collateral ligament and mild chondromalacia patella. 15. Left knee posterior horn medial meniscus tear, knee effusion, bursitis, bone contusion, and sprain. According to this report, the patient complains of constant neck pain at a rate of 6/10 which radiates into the bilateral upper extremities with numbness and tingling. He also complains of constant low back pain at a rate of 6/10 which also radiates into the right lower extremities. The patient states that his pain in the neck and low back has remained the same since his last visit. He also complains of intermittent left knee pain; however, he reports no pain on this visit. The examination of the cervical spine

reveals tenderness to palpation over C5 through C7 levels. Spurling's and cervical compression tests are positive bilaterally. Sensory examination of the upper extremities reveals decreased sensation over the bilateral C6 dermatomes. Upper extremity motor strength testing reveals weakness in the deltoid and bicep muscle groups at 4/5 bilaterally. Otherwise, motor strength testing is 5/5 bilaterally. Deep tendon reflexes are 1+ in the biceps and brachioradialis and 2+ in the triceps bilaterally. Examination reveals swelling over the left knee and ankle. Effusion was noted on the left knee. Medial and lateral stress test and McMurray's test are positive on the left side. The documents include a chest x-ray from 06/06/2014, MRI of the right and left knee from 04/24/2014, a left knee arthroscopy operative report from 06/12/2014 and CESI at C5-6 operative report from 02/18/2014 and 05/20/2014. The utilization review denied the request on 09/03/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NCV of Right Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262; 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Electrodiagnostic Studies EDS/ NCV

**Decision rationale:** This patient presents with neck and low back pain. The provider is requesting an NCV of the right upper extremity. The ACOEM Guidelines page 262 on EMG/ NCV (Electromyography)/ (nerve conduction velocity) states that appropriate studies (EDS) may help differentiate between CTS and other conditions such as cervical radiculopathy. ACOEM page 178 states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging study if symptoms persist. In addition, ODG states that electrodiagnostic testing including testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks. The records do not show any NCV of the right upper extremity. The 08/20/2014 report notes that the provider is requesting an EMG/NCV of the upper extremities to rule out C5-C6 radiculopathy. The 03/19/2014 report notes that the patient continues to complain of constant neck pain at a rate of 5/10 with radiation to the bilateral upper extremities down to the fingers with associated numbness and tingling. The examination of the cervical spine reveals Spurling's and cervical compression tests are positive bilaterally. Sensory examination in the upper extremities reveals sensory deficit over the C6 dermatomes bilaterally. Upper motor strength testing is 4/5 in the deltoids and bicep groups bilaterally. In this case, the patient does present with radicular symptoms for which EMG/NCV studies are indicated. It does not appear that the patient has had prior EMG/NCV studies. Therefore, this request is medically necessary.

### **EMG of Left Upper Extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178; 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Electrodiagnostic Studies EDS/ NCV

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