

<b>Case Number:</b>	CM14-0165795		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

On 9/11/14 MRI of ankle notes Achilles tendon strain versus intrasubstance tear. 8/14/14 orthopedic consultation notes pain in the left elbow and left ankle. There is numbness and tingling in the left foot. The insured walks with a limp. Examination notes strength is 5/5 with normal reflexes in the lower and upper extremities. Sensation was intact in the upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, emg

**Decision rationale:** The medical records provided for review do not indicate any objective physical examination findings consistent with nerve injury. There is no demonstrated physical exam findings of weakness, sensory loss or reflex changes in relation to injury reported from November of 2013. ODG supports Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible

metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records do not indicate findings consistent with neuropathy or physical findings in support of peripheral compression, the records do not support performance of EMG/NCV.