

<b>Case Number:</b>	CM14-0170338		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/09/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Surgery 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:

54-year-old female claimant with an industrial injury dated 01/09/11. Conservative treatments have included physical therapy, and chiropractic care. Exam note 06/11/14 states the patient returns with neck and arm pain. The patient states the pain is of moderate severity. Also she experiences weakness, and numbness radiating down the left side/arm. The patient demonstrates a normal gait. Upon physical exam the patient had normal alignment and no gross muscle atrophy. There was tissue palpation on the right and left with tenderness of the paracervical and trapezius muscles. The patient demonstrated pain while performing the range of motion test of the cervical spine. The Spurling's test was positive, along with the Tinel's sign at the ulnar nerve at the wrist. Diagnosis is noted as neck pain, brachial neuritis, and low back pain. Treatment includes a cortisone injection to the left shoulder, and current digital images.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1. EMG/NCS left upper extremity: 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) Carpal Tunnel, Electrodiagnostic Studies

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or definitive carpal tunnel syndrome in the cited records from 6/11/14 to warrant NCS or EMG. Therefore, this request is not medically necessary.