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| <b>Case Number:</b>   | CM14-0174844 |                              |            |
| <b>Date Assigned:</b> | 10/28/2014   | <b>Date of Injury:</b>       | 04/21/2010 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2014 |

### 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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old female who was injured on April 21, 2010. The patient continued to experience pain in her bilateral shoulders, bilateral elbows, and bilateral wrists/hands. Physical examination was notable for tenderness to the anterior and posterior aspect of the right shoulder, positive Neer and Hawkins test of the left shoulder, tenderness to the bilateral medial epicondyles, tenderness to the dorsal right wrist, positive Phalens' signs to bilateral wrists, and decreased sensation to light touch to all digits of the right hand. Diagnoses included bilateral shoulder impingement, right shoulder supraspinatus tendinopathy, left shoulder supraspinatus tendinopathy, bilateral elbow medial epicondylitis, bilateral upper extremity paresthesia, and chronic bilateral forearm/wrist sprain/strain. Treatment included medications and physical therapy. Request for authorization for nerve conduction studies to bilateral upper extremities was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction study of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Elbow Procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition documentation does not support that there has been a significant change in the patient's condition. Medical necessity has not been established. The request should not be authorized.