

<b>Case Number:</b>	CM14-0023844		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 53-year-old male who was injured on March 18, 2013. The patient continued to experience pain in the left upper extremity and left shoulder. Physical examination was notable for normal motor strength in the left upper extremity, and decreased sensation to the left thumb and index finger. Diagnoses included carpal tunnel syndrome and shoulder impingement. Treatment included medications and physical therapy. Requests for authorization for EMG bilateral upper extremities and NCV bilateral upper extremities were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DIAGNOSTIC TEST EMG BILATERAL UPPER EXTREMITIES: Upheld**

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

**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

received these studies on August 8, 2013. They reported sensory deficits consistent with residual left carpal tunnel syndrome and no cervical radiculopathy. There is no documentation that the patient's signs and symptoms have changed since the testing was done. Medical necessity is not supported by the documentation. Therefore, Diagnostic test EMG bilateral upper extremity is not medically necessary and appropriate.

**NCV, BILATERAL UPPER EXTREMITIES:** Upheld

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

**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 received these studies on August 8, 2013. They reported sensory deficits consistent with residual left carpal tunnel syndrome and no cervical radiculopathy. There is no documentation that the patient's signs and symptoms have changed since the testing was done. Medical necessity is not supported by the documentation. The request should not be authorized.