

<b>Case Number:</b>	CM14-0025897		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Occupational Medicine 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:

There were 24 pages provided for review. The request for independent medical review was signed on March 4, 2014. The request was for EMG of both lower extremities. Per the records provided, the claimant is a 26-year-old male was injured on June 22, 2009. He was attempting to repair a forklift. He suffered a left hand fracture and lesion of the ulnar nerve. He was status post a left open reduction internal fixation for fracture at the base of the fifth metacarpal on September 9, 2009 followed by a left open carpal tunnel release on May 24, 2010 secondary to the crush injury. He had subsequent hardware removal in 2011. In January 2014 he had ongoing pain in the hands, wrists and fingers. He had numbness and tingling as well as grip weakness. He has diabetes for which he takes metformin. The doctor feels he has a cubital tunnel syndrome. An electrodiagnostic study for the left upper extremity was certified on November 18, 2011; the report was not available and those findings were not documented. There were no medical records included from the treating physician and the treatment to date was not documented. There was no indication of the goals or objectives to be obtained with electromyogram of the bilateral upper extremities considering the symptoms were only on the left. There was a qualified medical evaluator evaluation from January 15, 2014. There was also a primary treating physician supplemental report from January 21, 2014. I did not find supplemental information in response to the initial non certification, which the initial reviewer noted could be provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-269, 601.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Further, the prior study was not available; it is not clear what has changed that would drive the need for repeat electrodiagnostics. The request was appropriately non-certified.