

<b>Case Number:</b>	CM14-0027853		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/08/1998
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 61 year old female who had a work related injury on 01/08/98. No documentation of the mechanism of injury. There is only one clinical note to review that was dated 02/19/14. It was noted that the injured worker's issues are continued problems with her right dominant upper extremity, where she has had tingling, dysesthesias into the thumb, index, and middle finger. Physical examination she has no motor weakness, no evidence of dysdiadochokinesia, negative Hoffman's sign. She has negative Tinel's sign of the wrists and elbows. Normal shoulder examination. She has a great deal of stiffness with respect to her neck. Previous radiographs show multiple level degenerative changes present. Bilateral upper extremity EMG/NCV studies were ordered to determine whether or not she has peripheral neuropathy or whether the symptoms are central in nature. There was a prior utilization review on 03/4/2014, was non-certified for EMG of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG STUDIES OF THE 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, Electrodiagnostic testing (EMG/NCV).

**Decision rationale:** TThe request for EMG studies of the bilateral upper extremities is not medically necessary. The submitted documents do not support the request for the EMG studies. EMG/NCV are well established and widely used for localizing the source of neurological symptoms and establishing the diagnosis of focal nerve entrapment such as CTS, or radiculopathy. Physical examination she has no motor weakness, no evidence of dysdiadochokinesia, negative Hoffman's sign. She has negative Tinel's sign of the wrists and elbows. No documentation of radiculopathy or CTS, as such medical necessity is not established.