

<b>Case Number:</b>	CM14-0045529		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Note March 19, 2014, indicated request for bilateral upper and lower extremity EMG/nerve conduction study. Note 01/10/14 chiropractic evaluation reported ongoing pain in the right shoulder and face with reported reduced range of motion and pain and range of motion. 01/29/14 PR2 indicated ongoing spasm, tenderness in the right rotator cuff with pain in the right shoulder and face recommending ongoing acupuncture as a function of treatment. PR2 03/04/14 indicated pain in the right shoulder, face, cervical spine, lumbar spine, right wrist and hand. There is reported to be pain made worse by gripping and grasping with complaints of intermittent slight to moderate pain. Examination reported spasms and tenderness in bilateral paraspinal muscles in the thoracic, lumbar as well as shoulder area. There was spasm and tenderness in the wrist and hands. Median compression test was positive on the right. Phalen's was positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Neck, EMG

**Decision rationale:** The medical records provided for review indicate symptoms consistent with carpal tunnel with previous EMG supporting the diagnosis. There is no indication of progressive neurologic change in regard to motor, sensory, or reflexes. There is no indication of planned surgery and that the surgeon has requested the study in order to rule out the need for the procedure. The request is not medically necessary.

**Electromyography (EMG) right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -neck, EMG

**Decision rationale:** The medical records provided for review indicate symptoms consistent with carpal tunnel with previous EMG supporting the diagnosis. There is no indication of progressive neurologic change in regard to motor, sensory, or reflexes. There is no indication of planned surgery and that the surgeon has requested the study in order to rule out the need for the procedure. The request is not medically necessary.

**Nerve conduction velocity (NCV) right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -neck, NCV

**Decision rationale:** The medical records provided for review indicate symptoms consistent with carpal tunnel with previous NCV supporting the diagnosis. There is no indication of progressive neurologic change in regard to motor, sensory, or reflexes. There is no indication of planned surgery and that the surgeon has requested the study in order to rule out the need for the procedure. The request is not medically necessary.

**Nerve conduction velocity (NCV) left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - neck, NCV

**Decision rationale:** The medical records provided for review indicate symptoms consistent with carpal tunnel with previous NCV supporting the diagnosis. There is no indication of progressive neurologic change in regard to motor, sensory, or reflexes. There is no indication of planned surgery and that the surgeon has requested the study in order to rule out the need for the procedure. The request is not medically necessary. The request is not medically necessary.