

<b>Case Number:</b>	CM14-0047154		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Arizona. 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:

This is a 56-year-old female who, according to the available records, suffered injuries on 6/15/2013. She was driving a golf cart which jumped to a railroad tie, resulting in the patient being thrown from the golf cart and landing on her buttocks. Since the injury, she developed several areas of pain including shoulder, knee joint as well as neck and back pain. She also complained of numbness and tingling and pain in both upper extremities. She underwent several diagnostic studies including MRI of the cervical spine on 1/10/2014. According to the available report, the MRI showed several areas of disc bulging from C3-4 to C6-7 along with moderate spinal canal stenosis at C5-6 and C6-7. The treating physician recommended an electromyography/nerve conduction velocity (EMG/NCV) of the bilateral upper extremities on 2/4/2014. EMG/NCV was performed on 2/10/2014 exhibiting electrodiagnostic evidence of a severe sensory motor median neuropathy across the wrist bilaterally, slightly worse on the left side and no definite evidence for cervical radiculopathy. A medical reviewer on 3/18/2014 approved EMG part of this test but did not certify the need for nerve conduction studies. Therefore the nerve conduction test is disputed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity (NCV) of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) electrodiagnostic testing section.

**Decision rationale:** Nerve conduction study of the bilateral upper extremities is medically necessary to evaluate numbness and tingling in the hands. It is also necessary to evaluate brachial plexopathy. In order to confirm the presence of cervical radiculopathy, the nerve conduction study has to be normal. Therefore, EMG test cannot be separated from nerve conduction study. Both have to be performed in this clinical setting. It turns out that patient did have nerve conduction study which showed carpal tunnel syndrome. Therefore, the nerve conduction velocity (NCV) of the bilateral upper extremities is clinically indicated and medically necessary.