

<b>Case Number:</b>	CM14-0047842		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas and Georgia. 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 65-year-old female who reported injury on 09/12/2013. The mechanism of injury was the injured worker lost her balance and fell. The injured worker had a right elbow open reduction internal fixation on 09/14/2013 and a subsequent debridement for infection on 10/15/2013. The documentation of 01/24/2014 revealed the injured worker had numbness and tingling involving the ulnar and radial aspect of the forearm in all five fingers of the right hand. The diagnoses included a fracture of the right elbow status postoperative surgery 09/14/2013 open reduction internal fixation (ORIF) and subsequent debridement for an infection on 10/15/2013. The treatment plan included neurologic testing to indicate why the injured worker was having numbness and tingling into the upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic Testing.

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

**Decision rationale:** The ACOEM Guidelines indicate that electromyography (EMG) and nerve conduction velocity (NCV) including H-reflex tests may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to indicate the injured worker had injury of the left upper extremity to support the necessity for an EMG on that extremity. There were no findings to support radiculopathy. Given the above, the request for EMG left upper extremity is not medically necessary.

**NCV LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic Testing.

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

**Decision rationale:** The ACOEM Guidelines indicate that electromyography (EMG) and nerve conduction velocity (NCV) including H-reflex tests may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to indicate the injured worker had injury of the left upper extremity to support the necessity for an EMG. There was a lack of documentation indicating the injured worker had a peripheral neuropathy condition existing in the left upper extremity to support the necessity for a nerve conduction velocity. Given the above, the request for a nerve conduction velocity of the left upper extremity is not medically necessary.

**EMG RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic Testing.

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

**Decision rationale:** The ACOEM Guidelines indicate that electromyography (EMG) and nerve conduction velocity (NCV) including H-reflex tests may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the conservative care that was provided. Additionally, there was a lack of documentation indicating the injured worker had radicular type symptoms and objective findings to support radiculopathy. The nerve conduction velocity was approved for the right upper extremity. Given the above, the request for EMG right upper extremity is not medically necessary.

