

<b>Case Number:</b>	CM14-0048454		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 44 year old male with an injury date of 09/12/12. Based on the 02/21/13 progress report provided by [REDACTED], the patient is status post left shoulder arthroscopy and debridement of SLAP lesion, subacromial bursectomy and acromioplasty, distal clavicle resection (12/06/13). With physical therapy, he has improved left shoulder pain rated as a 5/10. The patient continues to have left elbow pain, rating it as a 5/10. His diagnoses include the following: Left DeQuervain's tenosynovitis; Left lateral epicondylitis; Left medial epicondylitis; Left shoulder impingement. The utilization review determination being challenged is dated 04/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/06/13- 02/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of the Left Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The request is for an electromyography of the left upper extremity. The patient has had no previous EMG conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. These may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." As such, the request is medically necessary and appropriate.

**Nerve Conduction Velocity Study of the Left Upper Extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The request is for a nerve conduction velocity study of the left upper extremity. The ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. These may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." A NCS may help the treater pinpoint the cause and location of the patient's symptoms. As such, the request is medically necessary and appropriate.