

<b>Case Number:</b>	CM14-0049461		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 55-year-old male with a 3/20/11 date of injury. At the time (4/7/14) of the request for authorization for repeat EMG/NCV of left upper extremity, there is documentation of subjective (left upper extremity pain involving the ulnar aspect of the left forearm and hand with intermittent numbness and tingling in the left upper extremity) and objective (normal examination) findings, current diagnoses (bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome), and treatment to date (medication and physical therapy). There is no documentation of objective findings consistent with nerve entrapment that has not responded to conservative treatment and an interval injury or progressive neurologic findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT EMG/NCV OF LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 33. Decision based on Non-MTUS Citation Nerve Conduction Velocity Studies ([http://www.aetna.com/cpb/medical/data/500\\_599/0502.html](http://www.aetna.com/cpb/medical/data/500_599/0502.html)).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Medical Treatment Guideline necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. In addition, there is documentation of subjective findings consistent with nerve entrapment. However, there is no documentation of objective findings consistent with nerve entrapment that has not responded to conservative treatment. In addition, given documentation of a request for repeat EMG/NCV, there is no documentation of an interval injury or progressive neurologic findings. Therefore, based on guidelines and a review of the evidence, the request for repeat EMG/NCV of left upper extremity is not medically necessary.