

<b>Case Number:</b>	CM14-0050170		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/24/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 36 year old female was reportedly injured on 9/17/2008. The mechanism of injury is undisclosed. The most recent progress note, dated 4/3/2014, indicated that there were ongoing complaints of right wrist pain. The physical examination demonstrated right upper extremity positive tenderness along the brachial plexus with possible loose spaces and paresthesia along the arm noted. No recent diagnostic studies are available for review. Previous treatment included medications, bracing, and conservative treatment. A request was made for electromyography (EMG) and referral to pain management specialist, and was not certified in the preauthorization process on 3/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Electromyography (EMG) and Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant has not had any diagnostic studies including a CT or MRI. Given the lack of documentation to support electromyography or nerve conduction studies (EMG or NCV) studies, this request is not considered medically necessary.

**Referral to a Pain Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) guidelines support referral to other specialists if a diagnosis is uncertain, extremely complex, psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the medical records, documents the patient has tenderness to the right upper extremity but fails to document any pain that is not controlled by the current drug regimen. As such, this request is not considered medically necessary.