

<b>Case Number:</b>	CM14-0057764		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/25/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 injured worker is a 42-year-old female was reportedly injured on April 25, 2007. The mechanism of injury is noted as cumulative trauma during computer use. The most recent progress note dated March 17, 2014, indicates that there are ongoing complaints of bilateral shoulder and wrist pain. The physical examination demonstrated tenderness over the rotator cuff and hypertonicity of the rotator cuff muscles bilaterally. There was decreased right and left shoulder range of motion. There was also a positive impingement and empty can test bilaterally. Examination of the wrists noted tenderness over the flexor aspect. There was a positive Tinel's sign and Finkelstein's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right wrist ganglion cyst surgery and a right ulnar nerve release as well as a right shoulder arthroscopy. A request was made for electromyogram and nerve conduction studies of the bilateral upper extremities and was not certified in the pre-authorization process on April 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Electromyography and Nerve Conduction Velocity Studies of the Bilateral Upper Extremities: Upheld**

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The medical record does not indicate what type of conservative treatment has been rendered for the upper extremities, particularly the wrists thus far. Given the lack of documentation to support EMG or NCV studies, this request is not considered medically necessary.