

<b>Case Number:</b>	CM14-0059101		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

This is a 52-year-old female with a 5/27/10 date of injury. The mechanism of injury was not noted. According to a 1/22/14 progress report, the patient complained of increasing right arm and hand paresthesias and headaches. Objective findings: Tinel's sign is positive at the wrists, bilaterally; right greater than left, cervical spine has pain and tenderness, right shoulder has pain and tenderness over the anterior and lateral deltoids, positive impingement, positive Neer's, positive Tinel's over the right wrist, left elbow has full ROM with tenderness in the medial epicondyle as well as Tinel's in the ulnar groove. There is pain and tenderness in the bilateral basilar joints of the thumbs. Diagnostic impression: closed head trauma, cervical spine strain/sprain, bilateral lateral epicondylitis, right knee internal derangement, right shoulder sprain/strain, right shoulder impingement syndrome. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 4/16/14 denied the requests for EMG bilateral upper extremities and NCV to bilateral upper extremities. While examination documented positive Tinel's signs at the elbows and wrists, they have been present since at least 8/11, which was long before the paresthesias were reported. Due to the lack of at least three to four weeks of conservative treatment directed at the reported paresthesias, and the lack of corresponding clinical evidence of neurologic dysfunction, the request is not congruent with current treatment recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 10 Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There is no documentation that the patient has failed conservative methods of pain management. In fact, it is documented that the provider is requesting authorization for physical therapy. The patient has not yet had a trial of physical therapy. Therefore, the request for EMG bilateral upper extremities was not medically necessary.

**NCV to bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER 10 Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. There is no documentation that the patient has failed conservative methods of pain management. In fact, it is documented that the provider is requesting authorization for physical therapy. The patient has not yet had a trial of physical therapy. Therefore, the request for NCV to bilateral upper extremities was not medically necessary.