

<b>Case Number:</b>	CM14-0063804		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 & Pain 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:

The injured worker is a 63-year-old female with a reported date of injury on 05/14/2008. The mechanism of injury was noted to be from lifting a heavy file out of a filing cabinet, and strained the shoulder and wrists. Her diagnoses were noted to include status post left shoulder surgery, compensatory right carpal tunnel syndrome, de Quervain's tenosynovitis to the right wrist, and status post right de Quervain's release. Her previous treatments were noted to include physical therapy, a home exercise program, a brace, ice, and medications. The progress report dated 03/28/2014 revealed the injured worker complained of constant, aching, sharp, burning pain in the left shoulder. The pain was increased with any usage of the left arm. The injured worker indicated the pain radiated up the neck and around the base of the neck, and down the arm, rated 7/10 to 8/10. The injured worker complained of pain to the right wrist and reported she slept with a right wrist splint on. The injured worker indicated the pain radiated to her right thumb and up the arm, and rated it 7/10 to 8/10. The physical examination of the right hand and wrist revealed tenderness along the first dorsal compartment. There was a positive Finkelstein's noted at the right wrist, as well as tenderness over the radial styloid. The range of motion to the fingers was within normal limits. The provider indicated the injured worker had an electromyography and nerve conduction study over 1 year ago that was negative. The provider indicated since the study was over a year ago, and she had continued pain, a new study was appropriate. The request for authorization form dated 03/28/2014 was for an electromyography and nerve conduction study to the right upper extremity, however the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** The request for a nerve conduction velocity to the right upper extremity is not medically necessary. The injured worker had a nerve conduction velocity in 2013. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography and obvious clinical signs, but recommend it if the electromyography is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical examination. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. There is a lack of documentation regarding red flags or a significant change to warrant a repeat nerve conduction study. Therefore, the request is not medically necessary.

**EMG Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an EMG to the right upper extremity is not medically necessary. The injured worker had an electromyography in 2013. The CA MTUS/ACOEM Guidelines state electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause for neural, such as an MRI for neurological deficits. The guidelines state electromyography can be used to identify and define physiologic insult and an anatomic defect. The injured worker had an electromyography in 2013, which was negative. There is a lack of change in status or red flags to warrant a repeat electromyography. Therefore, the request is not medically necessary.