

<b>Case Number:</b>	CM14-0068107		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 & Rehabilitation, 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 45-year-old male with a 6/14/11 date of injury, and Status post Right Shoulder Arthroscopy, Bankart Repair, Synovectomy, Removal of loose bodies, and Intra-articular Injection 11/27/12. At the time (4/21/14) of request for authorization for repeat EMG (Electromyography) of the right upper extremity and repeat NCS (Nerve Conduction Studies) of the right upper extremity, there is documentation of subjective (right shoulder pain rated 6-7/10, pain in the right wrist, associated numbness and tingling that extend to the upper arm, and loss of right grip strength) and objective (volar wrist tenderness, mildly positive Tinel's without radiation, compression test does elicit some numbness in the middle finger) findings, reported imaging findings (EMG nerve conduction study (10/29/12) revealed prolonged medial motor latency and median sensory latency, and a negative EMG), current diagnoses (mild to moderate right carpal tunnel syndrome; non-specific right wrist strain with no ligamentous or tendinous injuries), and treatment to date (splinting and activity modification). There is no documentation of 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 (Electromyography) of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2013 (Carpal Tunnel).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: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 mild to moderate right carpal tunnel syndrome; non-specific right wrist strain with no ligamentous or tendinous injuries. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Furthermore, there is documentation of a prior EMG/nerve conduction study done 10/29/12 with reported prolonged medial motor latency and median sensory latency, and a negative EMG. However, 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 (Electromyography) of the right upper extremity is not medically necessary.

**Repeat NCS (Nerve Conduction Studies) of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2013 (Carpal Tunnel).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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 mild to moderate right carpal tunnel syndrome; non-specific right wrist strain with no ligamentous or tendinous injuries. In addition, there is documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Furthermore, there is documentation of a prior EMG/nerve conduction study done 10/29/12 with reported prolonged medial motor latency and median sensory latency, and a negative EMG.

However, 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 NCS (Nerve Conduction Studies) of the right upper extremity is not medically necessary.