

<b>Case Number:</b>	CM14-0073466		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 65-year-old female was reportedly injured on January 15, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of left wrist pain with left upper extremity weakness as well as left shoulder pain with difficulty lifting objects and decreased range of motion. The physical examination demonstrated tenderness over the cervical spine and suboccipital region there was pain with cervical compression and decreased sensation at the bilateral C5 and C6 dermatomes. Examination of the shoulders revealed slight atrophy and tenderness over the rotator cuff muscles, acromioclavicular joint, and subacromial region. There was a positive impingement test. Examination of the lumbar spine noted tenderness over the lumbar spinal muscles and a positive left-sided straight leg raise test. There was decreased sensation at the left L4 and L5 dermatomes. Diagnostic imaging results of the cervical spine MRI are unknown. Previous treatment was not discussed during this visit. A request had been made for EMG and NCV studies of the right upper extremity and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the Right Upper Extremity as Outpatient.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Hand and Wrist Disorders.

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

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic 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 injured employee was stated to have had a cervical spine MRI however the results of these are unknown. Considering this, the request for EMG of the right upper extremity is not medically necessary.

**Nerve Conduction Velocity (NCV) Studies of the Right Upper Extremity as Outpatient.:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Hand and Wrist Disorders.

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

**Decision rationale:** The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic 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 injured employee was stated to have had a cervical spine MRI however the results of these are unknown. Considering this, the request for NCV of the right upper extremity is not medically necessary.