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| <b>Case Number:</b>   | CM14-0078394 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 01/25/2013 |
| <b>Decision Date:</b> | 09/23/2014   | <b>UR Denial Date:</b>       | 05/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2014 |

### 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 records presented for review indicate that this 45-year-old female was reportedly injured on January 25, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated May 9, 2014, indicates that there are ongoing complaints of right shoulder pain, left shoulder pain, right elbow pain, low back pain, and right knee pain. The physical examination demonstrated tenderness of the right shoulder and decreased right shoulder range of motion, and spasms of the cervical spine paraspinal muscles were noted. A previous note dated March 28, 2014 indicates a positive Tinel's test at the left elbow and decreased sensation in the ulnar nerve distribution. Diagnostic nerve conduction study testing of the lower extremities was normal. Previous treatment includes right shoulder surgery, physical therapy, home exercise, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request was made for electromyography (EMG) and nerve conduction velocity (NCV) studies of the bilateral upper and lower extremities and was not certified in the preauthorization process on May 15, 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 upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Diagnostic Investigations: Electromyography (electronically sited).

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, nerve conduction studies are recommended when there is a peripheral entrapment neuropathy that has not responded to treatment. Although there are findings of a positive left sided Tinel's test and decreased sensation in the ulnar nerve distribution there is no documentation of any conservative treatment for this condition. There are not abnormal neurological findings of the right upper extremity. Considering this, the request for electromyography (EMG) and nerve conduction studies of the upper extremities is not medically necessary.

**Electromyography (EMG) of the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter-Regarding EMG/NCV.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** A review of the medical records indicate that the injured employee has had previous nerve conduction testing of the lower extremities performed on May 3rd, 2013 which were normal. There has been no reported change in the lower extremity symptoms since this date. As such, this request for electromyography (EMG) and nerve conduction studies of the lower extremities is not medically necessary.

**Nerve conduction studies of the lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** A review of the medical records indicate that the injured employee has had previous nerve conduction testing of the lower extremities performed on May 3rd, 2013 which were normal. There has been no reported change in the lower extremity symptoms since this date. As such, this request for electromyography (EMG) and nerve conduction studies of the lower extremities not medically necessary.

**Nerve conduction studies of the upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and upper back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Diagnostic Investigations: Electromyography (electronically sited).

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, nerve conduction studies are recommended when there is a peripheral entrapment neuropathy that has not responded to treatment. Although there are findings of a positive left sided Tinel's test and decreased sensation in the ulnar nerve distribution there is no documentation of any conservative treatment for this condition. Additionally there are no abnormal neurological findings of the right upper extremity. After considering this, the request for electromyography and nerve conduction studies of the upper extremities is not medically necessary.