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| <b>Case Number:</b>   | CM14-0095629 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 09/17/2006 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 06/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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 injured worker is a 47-year-old female who was reportedly injured on September 17, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 13, 2014, indicates that there are ongoing complaints of low back pain, neck pain, shoulder pain, and bilateral wrist/hand pain. The physical examination demonstrated decreased shoulder range of motion with pain. There was a positive impingement test and tenderness to the greater tuberosity of the humerus. Subacromial grinding and clicking was noted. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a decompression from C3 to C6, facet blocks, and radiofrequency ablation from C4 to C6. A request had been made for electromyogram (EMG) and nerve conduction velocities (NCV) studies of the bilateral upper extremities and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of the bilateral upper extremities:** Upheld

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

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

**Decision rationale:** It is unclear why there is request for electromyogram and nerve conduction velocity studies of the bilateral upper extremities. The most recent progress note dated February 13, 2014, indicates that there are no complaints of radicular symptoms nor are there any findings of a radiculopathy on physical examination. As such, this request for electromyography and nerve conduction velocity studies of the bilateral upper extremities is not medically necessary.

**Nerve Conduction Velocity of the bilateral upper extremities:** Upheld

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

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

**Decision rationale:** It is unclear why there is request for electromyography and nerve conduction velocity studies of the bilateral upper extremities. The most recent progress note dated February 13, 2014, indicates that there are no complaints of radicular symptoms nor are there any findings of a radiculopathy on physical examination. As such, this request for electromyography and nerve conduction velocity studies of the bilateral upper extremities is not medically necessary.