

<b>Case Number:</b>	CM14-0188142		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 52 year old female who was injured at work on 01/29/2003. She is reported to be suffering from chronic right shoulder, bilateral hip and right knee pain. The shoulder pain radiates to the right hand, it is associated with numbness and tingling in the right hand. The physical examination revealed full power, normal sensation, and symmetrical reflexes. The worker has been diagnosed. The result was reported as normal. At dispute is the treating provider's request on 10/27/14 for EMG/NCV of the right UE to rule out cervical radiculopathy. The utilization review denied the case due to lack of information regarding the examination of the right upper limb and.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV FOR THE RIGHT UE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179; 269, Chronic Pain Treatment Guidelines Introduction Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 01/29/2003. The medical records provided indicate the diagnosis of brachial plexopathy, thoracic outlet

syndrome, shoulder tendonitis, forearm tendonitis, thumb tendonitis as well as median, ulnar and radial entrapment syndrome; cervical radiculopathy; degeneration of lumbar intervertebral disc; localized primary osteoarthritis of the pelvic region and thigh. Treatments have included hydromorphone, Lidoderm, metoclopramide, MS Contin, Ondansetron. The injured worker was tested for EMG/NCV on 10/24/14 for cervical radiculitis. The medical records provided for review do not indicate a medical necessity for EMG/NCV for the right UE. Although the MTUS recommends nerve studies (EMG/NCV) when the neurologic findings in a suspected neck condition is not clear; the records indicate the injured worker had bilateral EMG/NCV studies on 10/24/14, and the test was reported as normal. Therefore there is no need for additional studies. Furthermore, the only condition of the forearm, wrist and hand that has been recommended for this study is carpal tunnel syndrome, but the injured worker has not been diagnosed of this condition. Additionally, the MTUS recommends thorough history, review of medical records and physical examination as the basis for decision making; consequently, it is necessary that the utilization reviewer be provided with information to guide them in their determination. Therefore, the requested test is not medically necessary and appropriate.