

<b>Case Number:</b>	CM14-0211155		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of July 8, 2013. A utilization review determination dated November 12, 2014 recommends noncertification of bilateral upper extremity EMG/NCS. Noncertification is recommended due to lack of documentation of subjective or objective findings of neurologic dysfunction in the upper extremities. A progress report dated November 5, 2014 identifies subjective complaints of knee pain status post left knee arthroscopy in March 2014. Objective examination findings reveal left knee with no effusion and healed surgical incision. Diagnoses include patellar tendinitis and contusion of the knee. The treatment plan recommends modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG/NCS of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.