

<b>Case Number:</b>	CM15-0002590		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 & Rehabilitation, 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:

The injured worker is a 63-year-old female who sustained an industrial injury on 3/14/14. The injured worker reported symptoms in the neck, bilateral shoulders and bilateral wrists. The diagnoses included chronic neck pain with cervical degenerative disc disease at C2-3 and C3-4, radiographic, bilateral wrist pain with radiographic old avulsion fracture, ulnar styloid right, carpometacarpal joint arthritis clinically, right, cannot entirely rule out carpal tunnel syndrome based on symptomatology of numbness, pain and tingling, and bilateral shoulder impingement with radiographic calcific tendinitis, left shoulder. Treatments to date have included physical therapy, and oral medications. 9/16/14 medical report notes that there are "very unpredictable physical findings. Each time different findings and complaints." PR2 dated 12/8/14 noted the injured worker presents with "bilateral hand pain" described as "moderate". The injured workers symptoms were described as "swelling, burning pain, stabbing pain, numbness". The treating physician is requesting Electromyography left upper extremity, Nerve Conduction Velocity right upper extremity; Nerve Conduction Velocity left upper extremity and Electromyography right upper extremity. On 12/31/14, Utilization Review non-certified a request for Electromyography left upper extremity, Nerve Conduction Velocity right upper extremity, Nerve Conduction Velocity left upper extremity and Electromyography right upper extremity. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity: 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, 182.

**Decision rationale:** Regarding the request for EMG, CA MTUS and ACOEM 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, as no neurological findings are noted and the only symptom is numbness without further specifics to attribute this complaint to any specific nerve and/or nerve root distribution(s). In the absence of clarify regarding the above issues, the currently requested EMG is not medically necessary.

**NCV Right Upper Extremity: 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, 182.

**Decision rationale:** Regarding the request for NCV, CA MTUS and ACOEM 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, as no neurological findings are noted and the only symptom is numbness without further specifics to attribute this complaint to any specific nerve and/or nerve root distribution(s). In the absence of clarify regarding the above issues, the currently requested NCV is not medically necessary.

**NCV Left Upper Extremity: 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): 178,182.

**Decision rationale:** Regarding the request for NCV, CA MTUS and ACOEM 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, as no neurological findings are noted and the only symptom is numbness without further specifics to attribute this complaint to any specific nerve and/or nerve root distribution(s). In the absence of clarify regarding the above issues, the currently requested NCV is not medically necessary.

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