

<b>Case Number:</b>	CM15-0108808		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 51 year old male with an industrial injury date of 04/30/2014. His diagnosis was severe left ulnar neuropathy at the elbow. Prior treatment included diagnostics, cubital tunnel decompression surgery in September 2014 and medications. He presents on 04/01/2015 with complaints of pain in left elbow radiating in the medial forearm and into the left fourth and fifth fingers. He also complains of pain in the neck, left shoulder and left arm. He continued to have weakness in the left hand and numbness involving the left fourth and fifth fingers. His current work status was light duty with a 5 pound limitation. Physical exam of the left upper extremity showed atrophy at the intrinsic hand muscle. Grip strength was decreased. He had decreased sensation to light touch in the left fourth and fifth fingers as well as the ulnar side of the palm and ulnar side of the forearm. His medications included Ibuprofen and Gabapentin. Treatment plan was for a repeat EMG/nerve conduction study of left upper extremity as the injured worker had objective findings on physical examination with atrophy of the hand. The provider documented the injured worker's history; examination and diagnostic testing were consistent with ulnar neuropathy at the elbow. The formal report of previous EMG/nerve conduction studies are not in the submitted records. The request is for EMG of the left upper extremity and NCS of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), 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" (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). In this case, the patient underwent an EMG/NCV study in August 2014, a left cubital tunnel decompression in September 2014, and a repeat EMG/NCV study in February 2015. At this point, it is unclear how a repeated EMG/NCV study will help the provider in his/her decision making. There is no documentation of significant change in the patient's condition suggestive of a new pathology. Therefore, the request for NCS of the left upper extremity is not medically necessary.

**EMG of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both,

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