

<b>Case Number:</b>	CM15-0137665		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Emergency 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 33 year old female, who sustained an industrial injury on September 07, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder labral tear status post left shoulder surgery, left upper limb overuse syndrome, and left carpal tunnel syndrome. Treatment and diagnostic studies to date has included medication regimen, physical therapy, left elbow steroid injection, and status post left shoulder arthroscopy. In a progress note dated May 26, 2015 the treating physician reports complaints of constant, aching pain to the left shoulder and weakness with 50% improvement noted with physical therapy. The treating physician also noted complaints of constant, aching pain to the left elbow that was noted to be worsening along with burning pain with weakness to the left hand and wrist and numbness and tingling to the middle finger and fifth finger. Examination reveals decreased range of motion to the bilateral shoulders. The treating physician noted magnetic resonance imaging from March of 2014 of the left shoulder that was suggestive of a labral tear. The treating physician requested electro-myogram with nerve conduction velocity of the left upper extremity secondary to the left hand, left wrist, and elbow pain with paresthesias.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 182 and 272.

**Decision rationale:** EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. Documentation provided is exceedingly poor. There is a significant deficit in documentation of physical exam findings and prior treatments. As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. Exam findings are deficient. Patient already has a diagnosis of carpal tunnel syndrome but only has a single progress note documenting exam consistent with CTS months prior. There is no documentation of any basic conservative care. Most recent exam lacks any neuro exam. There is no rationale provided for requested test. Poor documentation fails to support need for NCV. NCV is not medically necessary. As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints or even a proper neurological exam. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.