

<b>Case Number:</b>	CM15-0144056		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Indiana, New  
York Certification(s)/Specialty: Internal 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 66 year old female, who sustained an industrial injury on 03-13-2014, secondary to lifting, pushing and pulling up and down with the hands resulting in bilateral hand, shoulder, neck, and back pain. On provider visit dated 07-09-2015 the injured worker has reported neck pain with radiation to both shoulder, right with intermittent radiation down arms, bilateral wrist and hand pain to the fingers. And intermittent moderate low back pain was noted as well. With radiation to lower extremities. On examination of the cervical spine revealed increased tone with associated tenderness about the paracervical and trapezial muscle. No trigger points were noted; however there was some guarding on examination noted. Bilateral shoulders revealed mild tenderness and mild spasm both the trapezius muscle noted. Impingement test and supraspinatus weakness test were positive bilaterally. Bilateral wrists and hands revealed tenderness, no crepitus and a positive Tinel's sign was noted bilaterally. The diagnoses have included mild bilateral carpal tunnel syndrome. The injured worker underwent diagnostic studies on 04-16-2014. Treatment to date has included physical therapy. The provider requested nerve conduction velocity and electromyogram of the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV/EMG of the upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, Electromyography (EMG).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV of the upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are cervical spine sprain strain with radiculopathy; bilateral shoulder rotator cuff tendinitis/bursitis; bilateral wrist tenosynovitis; lumbar spine sprain strain with radiculopathy. The date of injury is March 13, 2014. Request for authorization is July 13, 2015. According to a July 9, 2015 progress note, the injured worker complains of neck pain that radiates to the shoulders, shoulder pain that radiates to the wrists and hands. Objectively, there is tenderness to palpation at the paraspinal cervical muscle groups, shoulders and wrist. There is no neurologic examination and the objective section. There is no objective documentation of radiculopathy. The documentation indicates the injured worker had EMG/NCV in 2014. The results showed carpal tunnel to the bilateral wrists. The injured worker does not recall the date of the electrodiagnostic study. The treating provider does not provide a clinical indication or rationale for repeating the electrodiagnostic studies. Consequently, absent clinical documentation including a neurologic examination and objective evidence of radiculopathy, prior EMG/NCV studies performed in 2014 (no hard copy in the medical record) with evidence of carpal tunnel syndrome and a clinical rationale for repeating EMG/NCV of the bilateral upper extremities, EMG/NCV of the upper extremities is not medically necessary.