

<b>Case Number:</b>	CM15-0164800		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 10-14-14. The injured worker has complaints of bilateral hands and feet pain. The diagnoses have included bilateral feet tendinitis bilateral hand tendinitis right De Quervains hand bilateral plantar fasciitis. Treatment to date has included vicodin; Lotrel; pepcid; minoxidil; naproxen and cialis. The request was for electromyography/nerve conduction study of the right and left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that 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. The medical record fails to document radicular-type arm symptoms. Despite some dermatomal deficits, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG of the right upper extremity is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that 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. The medical record fails to document radicular-type arm symptoms. Despite some dermatomal deficits, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG of the left upper extremity is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that 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. The medical record fails to document radicular-type arm symptoms. Despite some dermatomal deficits, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. NCS of the right upper extremity is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that 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. The medical record fails to document radicular-type arm symptoms. Despite some dermatomal deficits, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. NCS of the right upper extremity is not medically necessary.