

<b>Case Number:</b>	CM15-0181513		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of August 13, 2012. In a Utilization Review report dated August 31, 2015, the claims administrator partially approved a request for electrodiagnostic testing of the bilateral upper extremities as nerve conduction testing of the bilateral upper extremities alone. The claims administrator referenced an August 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 7, 2015 office visit, the applicant reported complaints of shoulder, arm, and wrist pain reportedly attributed to cumulative trauma at work. The applicant was not working, it was acknowledged. The applicant was apparently taking a course in English, it was reported. The applicant reported constant neck, upper back, shoulder, and wrist pain complaints. Ancillary complaints of headaches were noted. The applicant had undergone earlier shoulder rotator cuff repair surgery, it was reported, as well as a carpal tunnel release surgery. The applicant exhibited positive signs of internal impingement about the shoulder on exam, it was reported. The applicant had derivative psychological issues, it was reported in the Review of Systems section of the note. Electrodiagnostic testing of bilateral upper extremities was sought while the applicant was placed off work, on total temporary disability. The note seemingly suggested that all of the applicant's symptoms were confined to the right 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 bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for EMG testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of NCV or EMG testing in the routine evaluation of applicants without symptoms is deemed "not recommended." Here, the attending provider's August 7, 2015 progress note suggested that the applicant's symptoms were in fact confined to the symptomatic right upper extremity. The applicant's presenting complaints included right shoulder pain, right wrist pain, and right upper extremity paresthesias. Since the request for EMG testing of the bilateral upper extremities would include EMG testing of the asymptomatic left upper extremity, the request, as written, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. The attending provider failed to furnish a clear or compelling rationale for EMG testing of the seemingly asymptomatic left upper extremity. Therefore, the request was not medically necessary.