

<b>Case Number:</b>	CM15-0189921		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 4-9-2015. Medical records indicate the worker is undergoing treatment for cervical strain, left greater than right shoulder strain, left wrist strain, left hand strain and status post traumatic brain injury-post concussive symptoms. A recent progress report dated 9-3-2015, reported the injured worker complained of cervical spine pain rated 1-2 out of 10, right shoulder pain rated 1 out of 10, left shoulder pain rated 2-4 out of 10 and left wrist pain rated 2-3 out of 10 that increases to 7-8 out of 10. Physical examination revealed it was unchanged from July visit. July 15-2015 physical examination showed an antalgic gait, the injured worker moves stiffly and has difficulty rising from sitting and right and left shoulder tenderness. Treatment to date has included trigger point injections, chiropractic care and medication management. On 9-8-2015, the Request for Authorization requested bilateral upper extremities electromyography (EMG) and bilateral upper extremities nerve conduction study (NCS). On 9-10-2015, the Utilization Review noncertified the request for bilateral upper extremities electromyography (EMG) and bilateral upper extremities nerve conduction study (NCS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Electrodiagnostic studies.

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

**Decision rationale:** The patient presents with intermittent cervical spine pain with radiculopathy, thoracic spine pain, bilateral shoulder pain, lumbar spine pain, and left wrist pain. The request is for ELECTROMYOGRAPHY OF BILATERAL UPPER EXTREMITIES. The request for authorization form is dated 09/08/15. Physical examination reveals tenderness and spasm in the cervical spine. C/S Compression test is negative. Tenderness to both shoulders. Hawkins and Neer's tests are positive bilaterally. Trigger point injections and chiropractic decrease pain. Per progress report dated 09/03/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per request for authorization dated 09/03/15, treater's reason for the request is "[increase RIGHT] thumb pain: R/o c/s radic vs. neuropathy." In this case, the patient continues with cervical pain with radiculopathy. Given the patient's upper extremities symptoms, physical examination findings and diagnosis, EMG study appears reasonable and in accordance with guidelines. There is no evidence that the patient has had a prior bilateral upper extremity EMG study done. Therefore, the request IS medically necessary.

**Nerve conduction study of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Electrodiagnostic studies.

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

**Decision rationale:** The patient presents with intermittent cervical spine pain with radiculopathy, thoracic spine pain, bilateral shoulder pain, lumbar spine pain, and left wrist pain. The request is for NERVE CONDUCTION STUDY OF BILATERAL UPPER EXTREMITIES. The request for authorization form is dated 09/08/15. Physical examination reveals tenderness and spasm in the cervical spine. C/S Compression test is negative. Tenderness to both shoulders. Hawkins and Neer's tests are positive bilaterally. Trigger point injections and chiropractic decrease pain. Per progress report dated 09/03/15, the patient is

temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per request for authorization dated 09/03/15, treater's reason for the request is "[increase RIGHT] thumb pain: R/o c/s radic vs. neuropathy." In this case, the patient continues with cervical pain with radiculopathy. Given the patient's upper extremities symptoms, physical examination findings and diagnosis, NCS study appears reasonable and in accordance with guidelines. There is no evidence that the patient has had a prior bilateral upper extremity NCS study done. Therefore, the request IS medically necessary.