

<b>Case Number:</b>	CM15-0197278		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, Arizona

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 54 year old male, who sustained an industrial injury on 5-28-2014. The injured worker is undergoing treatment for rule out cervical radiculopathy, cervical strain-sprain, rule out recurrent left carpal tunnel syndrome, left rotator cuff tendinitis and rule out partial tear of the left rotator cuff. Medical records dated 8-26-2015 indicate the injured worker complains of neck pain rated 5 out of 10 and unchanged, left shoulder throbbing, aching and sharp pain rated 5 out of 10 and unchanged, left arm pain improved and left wrist and hand numbness, tingling, aching, sharp and locking pain rated 7 out of 10. Physical exam dated 8-26-2015 notes left shoulder tenderness to palpation with positive Hawkin's and impingement and decreased range of motion (ROM). There is cervical and left wrist tenderness to palpation and decreased range of motion (ROM). Treatment to date has included rest, heat and activity modification. The original utilization review dated 9-24-2015 indicates the request for electromyogram left upper extremity, electromyogram right upper extremity, nerve conduction study right upper extremity and nerve conduction study left upper extremity is non-certified. Electrodiagnostic studies of the bilateral upper extremities was noted, date of service 9/18/15 showing severe bilateral, questionable partially treated left sided, carpal tunnel syndrome affecting sensory and motor components. Records reviewed, suggest the injured worker has had left carpal tunnel release, sometime in 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (Nerve conduction velocity) right upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

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

**Decision rationale:** According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the records, NCS/EMG was performed and this request appears to be a retrospective request. There is already known CTS with history of left carpal tunnel release. Repeating nerve conduction studies at this time does not appear to be medically necessary, and there is no indication that repeat/or right sided carpal tunnel release surgery would be considered. Most recent physical exam did not reveal findings that would suggest radiculopathy such as Spurling's, sensory disturbances, and/or weakness or reflex abnormalities. The request as such is not medically necessary.

**EMG (electromyogram) left upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Shoulder Complaints 2004, Section(s): Special Studies, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

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

**Decision rationale:** According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended

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