

<b>Case Number:</b>	CM15-0021129		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/12/2001
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Ohio, 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 67-year-old who has filed a claim for chronic neck pain, arm pain, and carpal tunnel syndrome reportedly associated with an industrial injury of November 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture; and earlier right-sided carpal tunnel release surgery. In a Utilization Review Report dated January 12, 2015, the claims administrator denied a request for EMG testing of the arm. The claims administrator referenced a December 15, 2014 progress note in its determination. The claims administrator did acknowledge that the applicant had ongoing complaints of neck and bilateral arm pain on December 15, 2014 and incidentally noted that the applicant had also undergone a trigger finger release surgery, in addition to prior carpal tunnel release surgery. On December 9, 2014, the applicant reported neck and bilateral arm pain. EMG testing of bilateral upper extremities was endorsed. The applicant was 67 years old. Norco and Zanaflex were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG), (Right arm): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** No, the request for EMG testing of the right arm is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend EMG testing to help clarify a diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively or before planned epidural steroid injection therapy, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's rationale was sparse-to-nil. It was not clearly stated how the proposed EMG testing would influence or alter the treatment plan. It was not stated whether recurrent carpal tunnel syndrome and/or residual cervical radiculopathy were suspected here. There was no mention of the applicant's willingness to undergo further surgical intervention involving either the cervical spine or the wrist based on the outcome of the study. Therefore, the request is not medically necessary.