

<b>Case Number:</b>	CM15-0029139		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 shoulder and upper extremity pain reportedly associated with an industrial injury of May 13, 2014. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve a request for EMG testing of the right upper extremity. The claims administrator referenced a January 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an RFA form dated January 13, 2015, handwritten, authorization was sought for the nerve testing at issue. In a progress note of November 20, 2014, the applicant reported ongoing complaints of elbow, forearm, wrist, hand, finger, and thigh pain. The applicant had a history of earlier lumbar fusion surgery, it was incidentally noted. The applicant was given a diagnosis of idiopathic peripheral neuropathy at the bottom of the report. Vicodin and work restrictions were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG for the Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 16 Eye Chapter Page(s): 261.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that appropriate electrodiagnostic testing, including EMG testing, may be helpful in distinguishing between carpal tunnel syndrome and other superimposed conditions, such as cervical radiculopathy, in this case, however, no clinical progress notes accompany the January 13, 2015 RFA. It was not clearly stated what was sought. It was not clearly what was suspected. The applicant, based on the provided documentation, seemingly carried an established diagnosis of idiopathic peripheral neuropathy of the upper extremity. It was not clearly stated why EMG testing was sought if the diagnosis of idiopathic peripheral neuropathy had already been definitively established. Again, clinical progress notes were not seemingly attached to the January 13, 2015 RFA form so as to augment and/or substantiate the request. Therefore, the request was not medically necessary.