

<b>Case Number:</b>	CM15-0051457		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 53-year-old female who reported an injury on 05/06/2013. The mechanism of injury was reportedly due to continuous trauma. Her diagnoses included right knee osteoarthritis, right knee medial meniscus tear, right carpal tunnel syndrome, and anxiety and depression. Past treatments included medications and surgery. Diagnostic studies included x-rays performed on 01/06/2015, which revealed degenerative marginal osteophytes of the distal clavicle and acromion, an ovoid opacity adjacent to the trapezium in the right wrist and right hand. Her surgical history was noted to include debridement of medial and lateral menisci, chondroplasty, and synovectomy of the right knee, performed on 08/02/2014. On 02/10/2015, the injured worker was seen for a planned evaluation. The injured worker complained of bilateral upper and lower extremity pain and weakness. The physical exam was not documented during this visit. Current medications were noted to include Norco 5/325 mg taken twice a day, Ambien 5 mg take before at bedtime, and naproxen 550 mg taken twice a day. The treatment plan included work modifications and EMG/NCV of bilateral upper extremities. The rationale for the request is to rule out carpal tunnel syndrome and radiculopathy. A request was received NCV of the right upper extremity NCV of the left upper extremity, EMG of the left upper extremity, and EMG of the right upper extremity. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the Right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The California MTUS Guidelines state that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 to 4 weeks. The clinical information indicated the injured worker complained of bilateral upper and lower extremity pain and weakness. In addition, X-rays dated 01/06/2015, revealed degenerative marginal osteophytes of the distal clavicle and acromion in the right shoulder, an ovoid opacity adjacent to the trapezium in the right wrist and right hand. However, there was no documentation of a recent physical examination with evidence of significant objective functional deficits to warrant EMG/NCV of the upper extremities. Given the absence of the information indicated above, the request is not supported. Therefore, the request for NCV of the Right upper extremity is not medically necessary.

**NCV of the Left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The California MTUS Guidelines state that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 to 4 weeks. The clinical information indicated the injured worker complained of bilateral upper and lower extremity pain and weakness. In addition, X-rays dated 01/06/2015, revealed degenerative marginal osteophytes of the distal clavicle and acromion in the right shoulder, an ovoid opacity adjacent to the trapezium in the right wrist and right hand. However, X-rays of the left wrist and hand performed on the same day were unremarkable. In addition, there was no documentation of a recent physical examination with evidence of significant objective functional deficits to warrant EMG/NCV of the upper extremities. Given the absence of the information indicated above, the request is not supported. Therefore, the request for NCV of the Left upper extremity is not medically necessary.

**EMG of the Left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The California MTUS Guidelines state that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 to 4 weeks. The clinical information indicated the injured worker complained of bilateral upper and lower extremity pain and weakness. In addition, X-rays dated 01/06/2015, revealed degenerative marginal osteophytes of the distal clavicle and acromion in the right shoulder, an ovoid opacity adjacent to the trapezium in the right wrist and right hand. However, X-rays of the left wrist and hand performed on the same day were unremarkable. In addition, there was no documentation of a recent physical examination with evidence of significant objective functional deficits to warrant EMG/NCV of the upper extremities. Given the absence of the information indicated above, the request is not supported. Therefore, the request for EMG of the left upper extremity is not medically necessary.

**EMG of the Right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The California MTUS Guidelines state that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 to 4 weeks. The clinical information indicated the injured worker complained of bilateral upper and lower extremity pain and weakness. In addition, X-rays dated 01/06/2015, revealed degenerative marginal osteophytes of the distal clavicle and acromion in the right shoulder, an ovoid opacity adjacent to the trapezium in the right wrist and right hand. However, there was no documentation of a recent physical examination with evidence of significant objective functional deficits to warrant EMG/NCV of the upper extremities. Given the absence of the information indicated above, the request is not supported. Therefore, the request for EMG of the Right upper extremity is not medically necessary.