

<b>Case Number:</b>	CM15-0056080		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 36-year-old female who reported an injury on 09/13/2013 due to the injured worker reaching into a cabinet to retrieve some classroom supplies and the cabinet door fell down and struck her left arm and elbow. The injured worker previously underwent an MRI of the cervical spine. The injured worker underwent x-rays of the cervical spine. The injured worker had 6 sessions of physical therapy. The documentation indicated the injured worker had been approved for an EMG and NCV of the cervical spine. The injured worker additionally underwent 10 sessions of chiropractic therapy. The most recent documentation was dated 02/26/2015. The injured worker had complaints of stabbing pain in the left upper arm with numbness and tingling on the hand, weakness to the wrist and arm, loss of grip and grasp on the left arm, and neck pain. The injured worker complained of dizziness and vertigo. The diagnoses included left hand sprain and strain, left arm contusion, left elbow strain, and multilevel disc protrusion of the cervical spine. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG-electromyography right upper extremity, qty: 1.00: 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): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to identify focal neurologic dysfunction. There was a lack of documentation indicating the duration of symptoms. There were no objective findings submitted for the requested EMG/NCV. Additionally, the documentation indicated the injured worker had injured her left arm, not her right upper extremity. Given the above, the request for EMG-electromyography right upper extremity, qty: 1.00 is not medically necessary.

**EMG-electromyography left upper extremity, qty: 1.00:** 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): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was a lack of documentation of myotomal or dermatomal findings to support the necessity for an EMG for the left upper extremity. Given the above, the request for EMG-electromyography left upper extremity, qty: 1.00 is not medically necessary.

**NCV-nerve conduction velocity right upper extremity, qty: 1.00:** 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): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was a lack of documentation indicating the conservative care that was directed toward the bilateral upper extremities. There was a lack of documentation of both neuropathic and radicular findings to support the necessity for a nerve conduction velocity. There was a lack of documentation of objective findings upon examination to support the necessity for a nerve conduction velocity.

Given the above, the request for NCV-nerve conduction velocity right upper extremity, qty: 1.00 is not medically necessary.

**NCV-nerve conduction velocity left upper extremity, qty: 1.00: 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): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was a lack of documentation indicating the conservative care that was directed toward the bilateral upper extremities. There was a lack of documentation of both neuropathic and radicular findings to support the necessity for a nerve conduction velocity. There was a lack of documentation of objective findings upon examination to support the necessity for a nerve conduction velocity of the left upper extremity. Given the above, the request for NCV-nerve conduction velocity left upper extremity, qty: 1.00 is not medically necessary.