

<b>Case Number:</b>	CM15-0087952		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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

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 male, with a reported date of injury of 04/29/2013. The diagnoses include neck pain, cervical spine sprain/strain with myofasciitis, right shoulder non-displaced anterosuperior labral tearing, right hand paresthesia, right shoulder labral tear, right shoulder subacromial bursitis, right hand, thumb, volar plate injury at the metacarpophalangeal joint, and right wrist carpal tunnel syndrome. Treatments to date have included right shoulder arthroscopy on 01/12/2015, physical therapy for the neck, electro diagnostic studies of the right hand on 09/09/2014, with negative findings, an MRI Arthrogram of the right shoulder on 09/15/2014, and oral medications. The progress report dated 04/03/2015 indicates that since last seen in the office, the injured worker had not worked. It was noted that the physical therapist recommended hold off on physical therapy due to a possible torn bicep. The injured worker complained of headaches, neck pain with radiation to the upper back, right shoulder pain with tingling and numbness that radiated in the upper right extremities, right wrist/hand/digit pain with radiation to the right elbow, low back pain, and bilateral ankle pain. The objective findings include tenderness to palpation over the right trapezius and right levator, pain with cervical range of motion, tenderness to palpation over the lateral and superior aspects of the right shoulder, pain with right shoulder range of motion, generalized tenderness to palpation of the right wrist/hand/digits, and decreased sensation to light touch in the right index digit and thumb. The treating physician requested an electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral upper extremities. The physician believed that the injured worker required the study due to the flare-up and significant symptom changes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV study (bilateral upper extremities):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with headaches, neck pain radiating to upper back, right shoulder pain radiating to upper extremity, right wrist/hand/digits pain radiating to right elbow, low back pain and bilateral ankle pain. The request is for EMG/NCV STUDY (BILATERAL UPPER EXTREMITIES). The request for authorization is dated 04/16/15. The patient is status- post right shoulder arthroscopy, 01/12/15. Physical examination of the cervical spine reveals tenderness to palpation over the right trapezius and right levator. There is pain with flexion and extension. Examination of the right shoulder reveals tenderness to palpation over the lateral and superior aspects. There is pain with flexion, abduction and external rotation. Neer and Hawkins tests are positive in the right shoulder. There is abnormal contour to the right biceps. The right wrist/hand/digits demonstrates generalized tenderness to palpation. There is decreased sensation to light touch in the index digit and thumb. He is currently undergoing physical therapy to the neck. According to the patient, the physical therapist recommends holding off on physical therapy due to a possible torn bicep. Per progress report dated 04/03/15, the patient remains temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 04/03/15, treater's reason for the request is "due to the flare-up and significant symptom changes. He continues to experience cervical spine, right shoulder, and right wrist/hand/digits symptomology. He feels numbness and tingling that radiates in his right upper extremity." Given the patient's upper extremity symptoms, physical examination findings and diagnosis, EMG/NCV studies would appear reasonable. In this case, there is no evidence that this patient has had prior upper extremity EMG/NCV studies done. The request appears to meet guideline criteria. Therefore, the request IS medically necessary.