

<b>Case Number:</b>	CM15-0088569		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 57 year old male, who sustained an industrial injury on June 18, 2012. He reported neck and shoulders with numbness and tingling in the hands and wrists due repetitive work duties. The injured worker was diagnosed as having cervical spine sprain/strain with possible associated discopathy, status post left shoulder surgery x2 with residual symptoms, tendinitis/impingement syndrome right shoulder with possible rotator cuff tear, and bilateral carpal tunnel syndrome, worse on the right. Diagnostic studies to date have included MRI and arthrogram. Treatment to date has included postoperative physical therapy for the left shoulder. On March 16, 2015, the injured worker complains of pain of the neck, shoulders, hands, and wrists with numbness. The physical exam revealed tenderness, decreased range of motion, persistent positive impingement signs, and sensory deficit. The injured worker's work status is temporarily totally disabled. The treatment plan includes electromyography/nerve conduction study (EMG/NCV) of the bilateral upper extremities. The requested treatment is muscle test one limb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

**Decision rationale:** The patient already had confirmed evidence for bilateral carpal tunnel syndromes on prior EMG/NCV study with current unchanged symptoms and clinical findings supporting diagnostic study without significant progression to support repeating the study. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with entrapment syndrome, medical necessity for NCV is established. Submitted reports have already demonstrated the symptoms and clinical findings to suggest for the entrapment syndrome with confirmed diagnoses from previous NCV study rendered for bilateral CTS. Additionally, ER MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostic. The EMG/NCV of bilateral upper extremities is not medically necessary or appropriate.