

<b>Case Number:</b>	CM14-0114862		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28 year old male with a 5/29/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/19/2014 noted subjective complaints of increased difficulties with the right arm. Objective findings included limitation of the movement of the right shoulder, and decreased sensation over the right arm diffusely, as well as decreased motor strength diffusely. It was noted that EMG/NCV studies performed on 6/7/13 revealed injury to the upper trunk of the brachial plexus in the right upper extremity, as well as bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment. The provider notes that the rationale for this study is to compare it to the 2013 study and depending on the results, they will decide what needs to be done. Diagnostic Impression: right upper extremity pain/weakness, brachial plexus injury Treatment to Date: spinal cord stimulator, medication management, right rotator cuff repair, physical therapy, chiropractic, acupuncture A UR decision dated 7/1/14 denied the request for EMG and NCV of the bilateral upper extremities. Based on the clinical information submitted and using the evidence-based, peer-reviewed guidelines, this request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Right Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NEck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

**Decision rationale:** MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, the patient has already had bilateral upper extremity EMG/NCV in 2013 which demonstrated brachial plexus injury and bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment. These abnormalities are consistent with the current physical exam abnormalities documented. It is unclear how a repeat study would change management, and there is no specific rationale provided by the provider for a repeat study. Therefore, the request is not medically necessary.

**NCV Left Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, the patient has already had bilateral upper extremity EMG/NCV in 2013 which demonstrated brachial plexus injury and bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment. These abnormalities are consistent with the current physical exam abnormalities documented. It is unclear how a repeat study would change management, and there is no specific rationale provided by the provider for a repeat study. Therefore, the request is not medically necessary.

**EMG Of the Left Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not

responded to conservative treatment. However, the patient has already had bilateral upper extremity EMG/NCV in 2013 which demonstrated brachial plexus injury and bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment. These abnormalities are consistent with the current physical exam abnormalities documented. It is unclear how a repeat study would change management, and there is no specific rationale provided by the provider for a repeat study. Therefore, the request is not medically necessary.

**EMG Of the Right Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Pain

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