

<b>Case Number:</b>	CM14-0119057		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 54-year-old male was reportedly injured on 11/23/2011. The most recent progress note, dated 4/4/2014, indicated that there were ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated right shoulder well healed scars and no right shoulder tenderness. The scars were about the left wrist. There was also negative Tinel's sign to the bilateral wrists. Diminished sensation was along the dorsal aspect of the left hand. Slight decreased range of motion of the bilateral shoulders compared to normal. Diagnostic imaging studies included an EMG/NCV of the bilateral upper extremities, dated 2/27/2014, which revealed improved since the motor response on the left, but motor response appeared to be slightly worse with mild carpal tunnel syndrome on the right. Previous treatment included surgery, medications, and conservative treatment. A request had been made for EMG/NCV of bilateral upper extremities and was not certified in the pre-authorization process on 7/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Diagnostic Investigations: Electromyography (electronically cited).

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent an EMG/NCV of the bilateral upper extremities on 2/27/2011. Given the lack of documentation to support a repeat EMG or NCV studies, this request is not considered medically necessary.

**NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,181-186.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Diagnostic Investigations: Electromyography (electronically cited).

**Decision rationale:** ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. The claimant underwent an EMG/NCV of the bilateral upper extremities on 2/27/2014. Given the lack of documentation to support a repeat EMG or NCV studies, this request is not considered medically necessary.