

<b>Case Number:</b>	CM14-0136801		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 43 yo male who sustained an industrial injury on 03/07/2014. The mechanism of injury was described as cumulative injury. His diagnoses include bilateral wrist, hand, elbow, and shoulder pain. On physical examination the Tinel and Phalen's signs were positive bilaterally. There was diminished sensation of the median nerve distribution bilaterally. There was tenderness of the bilateral shoulders with limited range of motion. There was spasm of the forearm musculature and calf musculature bilaterally. Treatment has consisted of medical therapy with Naproxen, Cyclobenzaprine, and Pantoprazole, physical therapy, activity modification, stretching, wrist bracing, TENS unit, home exercise, cold and heat. The treating provider has requested EMG studies of the left and right upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyelography) study of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 08/04/14), Electromyelography (EMG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010

**Decision rationale:** There is no documentation provided necessitating EMG testing of the left upper extremity. Per the medical documentation there are clinical signs of left carpal tunnel syndrome ( positive Tinel's/Phalen's). EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication an EMG at this time. The NCV has been approved. EMG would only be necessary where the diagnosis is difficult with nerve conduction studies. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**EMG (Electromyography) study of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 08/04/14), Electromyography (EMG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for EMG/NCV testing 2010

**Decision rationale:** There is no documentation provided necessitating EMG testing of the right upper extremity. Per the medical documentation there are clinical signs of right carpal tunnel syndrome ( positive Tinel's/Phalen's). EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Per the Official Disability Guidelines, EMG studies are only recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication an EMG at this time. The NCV has been approved. EMG would only be necessary where the diagnosis is difficult with nerve conduction studies. Medical necessity for the requested service has not been established. The requested service is not medically necessary.