

<b>Case Number:</b>	CM14-0137900		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 52-year-old male with an injury date of 07/03/2007. According to the 06/26/2014 progress report, the patient has constant right knee pain. He is also having numbness in his bilateral hands which radiates up the ulnar side of his forearm to his elbows. The patient had a limited carpal tunnel screen which was positive as well. Upon examination, the patient has some residual swelling around his right knee. He is tender along his medial joint line and over his MCL. He has a positive Tinel's at the left greater than right elbow and a positive ulnar nerve compression test, left greater than right. Based on the 06/16/2014 progress report, the patient also has memory loss, fatigue, jerking limb movements of the upper extremities bilaterally. The patient has anxiety attacks at times which causes his arm to clench and he finds it hard to talk. The patient's diagnoses include the following: 1.Non-traumatic brain injury secondary to anoxic encephalopathy with residual cognitive deficits including short-term memory impairment and concentration difficulties. 2.Movement disorder with dystonic (somewhat kinesigenic) tic disorder (stereotype movements) components. 3.Gait ataxia due to midline cerebral dysfunction. 4.Status post right rotator cuff repair for a full-thickness tear on 06/11/2008. 5.Status post redo rotator cuff repair, 10/25/2011. 6.Left shoulder rotator cuff tear. 7.Status post ARDS after his surgery on 06/11/2008 with residual dyspnea on exertion and fatigue with activity. 8.Severe obstructive sleep apnea, on CPAP. 9.Left knee patellofemoral syndrome and pes anserine bursitis secondary to gait disturbance, largely resolved. 10.Depression, anxiety, and OCD. The utilization review determination being challenged is dated 08/13/2014. Treatment reports were provided from 02/24/2014 - 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

**Decision rationale:** According to the 06/26/2014 progress report, the patient complains of having constant right knee pain and numbness in his bilateral hands which radiates up the ulnar side of his forearm to his elbows. The request is for an EMG of the left upper extremity. The report with the request was not provided. There is no indication provided if there were any previous EMGs conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. 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." In this patient, the patient has symptoms of numbness in his bilateral hands which radiates up the ulnar side of his forearm to his elbows. An EMG may help the treater pinpoint the cause and location of the patient's symptoms. Recommendation is for authorization.

**NCV Right Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

**Decision rationale:** According to the 06/26/2014 progress report, the patient complains of having right knee pain and numbness in his bilateral hands, which radiates up the ulnar side of his forearm to his elbows. The request is for an NCV of the right upper extremity. The report with the request was not provided. There was no indication if there were any previous NCVs conducted. For NCV, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography 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. In this case, the patient complains of having numbness in his hands which radiate up to the ulnar side of his forearm to his elbows. The treater may use an NCV to help pinpoint the cause and location of the patient's symptoms. Recommendation is for authorization.

**NCV Left Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

**Decision rationale:** According to the 06/26/2014 progress report, the patient complains of having right knee pain and numbness in his bilateral hands, which radiates up the ulnar side of his forearm to his elbows. The request is for an NCV of the left upper extremity. The report with the request was not provided. There was no indication if there were any previous NCVs conducted. For NCV, ACOEM Guidelines page 262 states, Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography 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. In this case, the patient complains of having numbness in his hands which radiate up to the ulnar side of his forearm to his elbows. The treater may use an NCV to help pinpoint the cause and location of the patient's symptoms. Recommendation is for authorization.

**EMG Right Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

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