

<b>Case Number:</b>	CM13-0052231		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/03/2010
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 patient is a 69 year old male who sustained a work related accident to his cervical spine while employed as a truck driver on April 3, 2010. The injured worker underwent an anterior cervical spine fusion of C6-7 and posterior cervical spine fusion from C4-T2 due to spinal cord injury with C7 facet fracture. According to the primary treating physician's progress report on October 14, 2013 the injured worker was diagnosed with residual cervical symptoms and retained hardware, right upper extremity radiculopathy, tendinitis /impingement right shoulder, bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome per the Electromyography (EMG) in 2011 which was markedly abnormal with a possibility of intermixed and underlying neuropathy. The patient continues to experience neck pain with continued stiffness and limited range of motion, right shoulder pain with limited range of motion, mid back pain with stiffness, numbness and tingling, and pain in both hands and fingers with increasing numbness and weakness, significant thenar atrophy bilaterally, clawing of the right hand and unable to make a fist bilaterally. The injured worker also has visual difficulties. Current medications and treatment modalities were not documented. The injured worker has had 45 sessions of occupational therapy plus evaluations and 27 sessions plus evaluations of physical therapy. The injured worker is Permanent & Stationary (P&S) and has reached maximum medical improvement according to the March 21, 2013 medical report. The physician requested authorization for Electromyography (EMG) of left upper extremity; Electromyography (EMG) of right upper extremity. On October 24, 2013 the Utilization Review denied certification for Electromyography (EMG) of left upper extremity; Electromyography (EMG) of right upper extremity. Citations used in the decision

process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Elbow Disorders, Special Studies, Diagnostic and Treatment Considerations; American College of Occupational and Environmental Medicine (ACOEM) Forearm, Wrist and Hand Complaints, Summary of Recommendations and Evidence; The Official Disability Guidelines (ODG) Elbow, Tests for cubital tunnel syndrome; Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG (ELECTROMYOGRAPHY) OF LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with numbness in his right arm/hand and numbness in his ring finger on the left hand. The request is for an EMG OF THE LEFT UPPER EXTREMITY due to persistent increase in pain. The patient had a prior EMG in 2011 which revealed a positive EMG with severe bilateral cubital tunnel syndrome and bilateral CTS. For EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. The patient has a limited range of motion, weakness in both hands, significant thenar atrophy in hands, tenderness/pain, clawing of the right hand, and stiffness in his fingers of his right hand and in the ring/pinky finger of his left hand. He had a prior EMG in 2011 which showed a positive EMG with severe bilateral cubital tunnel syndrome and bilateral CTS. Aside from complaints of the numbness/stiffness/pain in the hands and fingers, there is no indication of the patient having any radicular pain or any neurological/ sensory deficits. Therefore, the requested EMG of the left upper extremity IS NOT medically necessary.

#### **EMG (ELECTROMYOGRAPHY) OF RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with numbness in his right arm/hand and numbness in his ring finger on the left hand. The request is for an EMG OF THE RIGHT UPPER EXTREMITY due to persistent increase in pain. The patient had a prior EMG in 2011 which revealed a positive EMG with severe bilateral cubital tunnel syndrome and bilateral CTS. For

EMG of the upper extremities, the ACOEM Guidelines page 206 states that electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. The ODG guidelines state that EMG is recommended as an option in selected cases. The patient has a limited range of motion, weakness in both hands, significant thenar atrophy in hands, tenderness/pain, clawing of the right hand, and stiffness in his fingers of his right hand and in the ring/pinky finger of his left hand. He had a prior EMG in 2011 which showed a positive EMG with severe bilateral cubital tunnel syndrome and bilateral CTS. Aside from complaints of the numbness/stiffness/pain in the hands and fingers, there is no indication of the patient having any radicular pain or any neurological/ sensory deficits. Therefore, the requested EMG of the right upper extremity IS NOT medically necessary.