

<b>Case Number:</b>	CM14-0211621		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, Florida, Texas  
 Certification(s)/Specialty: Internal Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 67-year-old female with a 7/1/13 date of injury. At the time (12/9/14) of the Decision for Right Upper Extremity EMG quantity 1.00, Right Upper Extremity NCV quantity 1.00, Left Upper Extremity EMG quantity 1.00, Left Upper Extremity NCV quantity 1.00, and DME: home exercise kit for lumbar spine, there is documentation of subjective (low back pain radiating to left leg) and objective (decreased hand range of motion, tenderness over the L3-S1 spinous processes, positive straight leg raising test, and decreases sensation on the L4 and L5 dermatomal distributions) findings, current diagnoses (lumbar spine sprain/strain with radiculitis, right wrist tenosynovitis, right shoulder tendonitis, and right shoulder impingement syndrome), and treatment to date (medications and physical therapy). Regarding Right Upper Extremity EMG quantity 1.00, Right Upper Extremity NCV quantity 1.00, Left Upper Extremity EMG quantity 1.00, Left Upper Extremity NCV quantity 1.00, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Regarding DME: Home exercise kit for lumbar spine, there is no documentation of a home exercise program; and that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Upper Extremity EMG quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radiculitis, right wrist tenosynovitis, right shoulder tendonitis, and right shoulder impingement syndrome. In addition, there is documentation of failure of conservative treatment. However, despite documentation of subjective (low back pain radiating to left leg) and objective (decreased hand range of motion, tenderness over the L3-S1 spinous processes, positive straight leg raising test, and decreases sensation on the L4 and L5 dermatomal distributions) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for Right Upper Extremity EMG quantity 1.00 is not medically necessary.

**Right Upper Extremity NCV quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177;33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radiculitis, right wrist tenosynovitis, right shoulder tendonitis, and right shoulder impingement syndrome. In addition, there is documentation of failure of conservative treatment. However, despite documentation of subjective (low back pain radiating to left leg) and objective (decreased hand range of motion, tenderness over the L3-S1 spinous processes, positive straight leg raising test, and decreases sensation on the L4 and L5 dermatomal distributions) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment (. Therefore, based on guidelines and a review of the evidence, the request for Right Upper Extremity NCV quantity 1.00 is not medically necessary.

**Left Upper Extremity EMG quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radiculitis, right wrist tenosynovitis, right shoulder tendonitis, and right shoulder impingement syndrome. In addition, there is documentation of failure of conservative treatment. However, despite documentation of subjective (low back pain radiating to left leg) and objective (decreased hand range of motion, tenderness over the L3-S1 spinous processes, positive straight leg raising test, and decreases sensation on the L4 and L5 dermatomal distributions) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for left Upper Extremity EMG quantity 1.00 is not medically necessary.

**Left Upper Extremity NCV quantity 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177; 33.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radiculitis, right wrist tenosynovitis, right shoulder tendonitis, and right shoulder impingement syndrome. In addition, there is documentation of failure of conservative treatment. However, despite documentation of subjective (low back pain radiating to left leg) and objective (decreased hand range of motion, tenderness over the L3-S1 spinous processes, positive straight leg raising test, and decreases sensation on the L4 and L5 dermatomal distributions) findings, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment. Therefore, based on guidelines and a review of the evidence, the request for left Upper Extremity NCV quantity 1.00 is not medically necessary.

**DME: Home Exercise kit for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Exercise and Knee & Leg, Home Exercise Kit.

**Decision rationale:** MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radiculitis, right wrist tenosynovitis, right shoulder tendonitis, and right shoulder impingement syndrome. However, there is no documentation of a home exercise program. In addition, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for DME: Home exercise kit for lumbar spine is not medically necessary.