

<b>Case Number:</b>	CM14-0213907		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 injured worker is a 56 year-old female who was injured on 2/5/09. In 9/2013, she had electrodiagnostic testing showing left C5 and C6 radiculopathy. MRI of the cervical spine in 7/2014 showed mild to moderate degenerative changes throughout the cervical spine. There was reversed lordosis, moderate central canal stenosis, and neural foraminal narrowing. In 11/2014, she was documented to have severe atrophy of the hypothenar muscles, decreased sensation of C8 dermatome of the right upper extremity, right arm and hand numbness with muscle atrophy. She was diagnosed with lesion of ulnar nerve, cervical disc discitis, cervical radiculitis, adhesive capsulitis, and impingement/bursitis of shoulder. The patient had physical therapy, massage therapy, and acupuncture sessions. She had right elbow anterior transposition of the ulnar nerve on 7/24/09 without improvement. She had right shoulder arthroscopy in 1/2012. She had cortisone injections in the right elbow without benefit. The current request is for electrodiagnostic testing of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of right upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

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

**Decision rationale:** The request for EMG/NCS of the upper right extremity is medically necessary. As per MTUS guidelines, special studies are not needed for true hand and wrist problems until 4-6 weeks of conservative care and observation. In the case of peripheral nerve impingement, if no improvement or worsening of symptoms occurs over 4-6 weeks, the electrical studies may be indicated. In 11/2014, she was documented to have severe atrophy of the hypothenar muscles, decreased sensation of C8 dermatome of the right upper extremity, right arm and hand numbness with muscle atrophy. For these reasons, with the progression of neurological symptoms, I am reversing the UR decision and consider a repeat EMG/NCS medically necessary.

**NCV of right upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

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

**Decision rationale:** The request for EMG/NCS of the upper right extremity is medically necessary. As per MTUS guidelines, special studies are not needed for true hand and wrist problems until 4-6 weeks of conservative care and observation. In the case of peripheral nerve impingement, if no improvement or worsening of symptoms occurs over 4-6 weeks, the electrical studies may be indicated. In 11/2014, she was documented to have severe atrophy of the hypothenar muscles, decreased sensation of C8 dermatome of the right upper extremity, right arm and hand numbness with muscle atrophy. For these reasons, with the progression of neurological symptoms, I am reversing the UR decision and consider a repeat EMG/NCS medically necessary.