

<b>Case Number:</b>	CM14-0057410		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 39 year old female with date of injury 08/17/11. The treating physician report dated 04/08/14 (25) indicates that the patient presents with pain affecting her right hand and shoulder. The physical examination findings reveal pain to palpation of the median nerve at the wrist. Phalen's maneuver is positive at about 30 seconds. MRI results from 03/18/14 were taken of the cervical spine. It shows a small central disc at C5-C6, slight impression on the ventral cervical cord. Impression: small central disc protrusion at C5-6 with effacement of the thecal sac and slight impression upon the ventral cervical cord. The current diagnoses are: 1.Cervical disc protrusion. 2.Right shoulder pain. 3.Right hand pain, possible carpal tunnel. The utilization review report dated 04/22/14 denied the request for an EMG based on the lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG to the cervical spine and upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG: <http://www.odg-twc.com/odgtwc/neck.htm>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, EDS Section

**Decision rationale:** The patient presents with shoulder and hand pain. The current request is for EMG to the Cervical Spine and Upper Extremities. The treating physician indicates that the current request is to "rule out carpal tunnel." MTUS does not address EMG/NCV testing. ACOEM page 262 recommends electrodiagnostic studies to help differentiate between CTS and other conditions, such as cervical radiculopathy. In this case, there are no records of prior EMG testing being completed. Therefore, the current request meets the requirements as outlined in the guidelines. Recommendation is medically necessary.