Case Number:	CM15-0100065		
Date Assigned:	06/02/2015	**Date of Injury:**	02/12/2014
Decision Date:	06/30/2015	**UR Denial Date:**	05/13/2015
Priority:	Standard	**Application Received:**	05/26/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 53 year old male who sustained an industrial injury on February 12, 2014. He has reported right shoulder pain and has been diagnosed with status post right shoulder rotator cuff repair with evidence of possible frozen shoulder syndrome and lumbar spine facet syndrome. Treatment has included surgery, physical therapy, modified work duty, medical imaging, chiropractic care, and injections. Range of motion was within normal limits to the right and left shoulder. The injured workers pain was a 7/10 and was having difficulty with activities of daily living. There was spasm to the thoracic and lumbar spine. Straight leg raising test was positive to both the right and left. The treatment request included NCV bilateral upper extremity and EMG of bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Electrodiagnostic testing for TOS (thoracic outlet syndrome).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician has documented symptoms in this patient's right upper extremity that may indicate medical necessity of the testing that is being requested, however there are no objective findings or subjective complaints that would warrant testing to the left upper extremity. The previous reviewer has modified the request to right upper extremity testing. As such the request for Electromyograph (EMG) of the bilateral upper extremities is not medically necessary.

Nerve conduction velocity (NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Electrodiagnostic testing for TOS (thoracic outlet syndrome).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carpal Tunnel Syndrome, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The diagnosis of Carpel Tunnel Syndrome is well established in this patient and the EMG would not be indicated to reconfirm this diagnosis. ODG further states regarding carpal tunnel syndrome testing (EMG/NCV), "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary. See also Nerve conduction studies (NCS) and Electromyography (EMG). In general, carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests before surgery is undertaken." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician has documented symptoms in this patient's right upper extremity may that indicate

medical necessity of the testing that is being requested, however there are no objective findings or subjective complaints that would warrant testing to the left upper extremity. The previous reviewer has modified the request to right upper extremity testing. As such, the request for Nerve conduction velocity (NCV) of the bilateral upper extremities is not medically necessary.