

<b>Case Number:</b>	CM15-0017247		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: 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 injured worker is a 41 year old female, who sustained an industrial injury on 5/31/2014, while working in a warehouse in packing/unloading. She has reported injury to the neck and bilateral shoulders. The diagnoses have included other affections of shoulder region, not elsewhere classified, and cervical sprain/strain. Treatment to date has included conservative measures. On 6/18/2014, the injured worker complains of "severe" left wrist pain. Tenderness to palpation was noted. Flexion was 60, extension 45, ulnar deviation 30, and radial deviation 20. Jamar testing showed right 30/30/30 and left 5/0/5. Impression noted was De Quervain's tenosynovitis of the left wrist. Radiographic film of the left wrist dated 6/02/2014, noted soft tissue swelling with no definite acute fractures or subluxations. Electromyogram/Nerve Conduction studies for bilateral upper extremities were performed on 7/28/2014 and showed abnormalities of the upper extremities, consistent with right radial and ulnar sensory neuropathies, possibly representing a mild cubital tunnel syndrome of the right elbow. Impression also noted abnormalities consistent with possible denervation involving the left abductor pollicis brevis muscle. On 1/13/2015, Utilization Review non-certified a request for electromyogram/nerve conduction studies for left upper extremity for 7/28/2014. The MTUS/ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) of the left upper extremity provided on date of service: 07/28/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 Neck and upper back chapter, EMG/NCV studies

**Decision rationale:** The patient presents with left shoulder pain rated 08/10 which radiates to her upper back, head, and left arm, right shoulder pain rated 07/10 with radiation to the right arm and hand, left wrist pain rated 08/10 which radiates to her hand and left thumb, and low back pain rated 08/10 radiating to her entire back, bilateral legs, and feet. The request is for retrospective EMG (ELECTROMYOGRAPHY) NCV (NERVE CONDUCTION VELOCITY) OF THE LEFT UPPER EXTREMITY PROVIDED ON DATE OF SERVICE 07/28/14. The RFA is not provided. Patient's diagnosis included right shoulder impingement and tendinosis, and partial tear of the supraspinatus tendon, right shoulder biceps tenosynovitis, left hand osteonecrosis of the capitate, left shoulder impingement and tendinosis and edema, left shoulder rotator cuff complete tear, lumbar spine sprain/strain, and muscle spasm. Patient is temporarily totally disabled. The ACOEM guidelines page 262 on EMG/NCV states that appropriate studies EDS--may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities NCV-- and possibly the addition of electromyography EMG--. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ACOEM guidelines Ch11 page 262 states that "tests may be repeated later in the course of treatment if symptoms persist." Per medical report dated 07/28/14, the patient underwent nerve conduction studies which showed abnormalities of the upper extremities, consistent with right radial and ulnar sensory neuropathies, possibly representing a mild cubital tunnel syndrome of the right elbow. Impression also noted abnormalities consistent with possible denervation involving the left abductor pollicis brevis muscle. This is a retrospective request for the EMG/NCV performed on 7/28/14. There does not appear to be any prior studies prior to this one. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, a EMG / NCV study would appear reasonable. Therefore, the request IS medically necessary.