

<b>Case Number:</b>	CM15-0171122		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/07/2015
<b>Decision Date:</b>	11/04/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 54 year old male, who sustained an industrial injury on 6-7-2015. The mechanism of injury was a slip and fall onto steps and repetitive work. The injured worker was diagnosed as having shoulder impingement and medial epicondylitis. The progress report on 7-7-2015 noted complaints of bilateral arm pain rated 7 out of 10 with a tingling sensation and that radiated to the elbows and hands. A more recent progress report dated 7-15-2015, reported the injured worker complained of left knee and toe pain with no mention of bilateral upper extremities complaints. Physical examination revealed bilateral shoulder tenderness, positive impingement sign and restricted range of motion. Electromyography (EMG) and nerve conduction study (NCS) of the bilateral upper extremities indicated mild carpal tunnel syndrome as documented on the 7-15-2015 progress report. Treatment to date has included physical therapy and medication management. The physician is requesting bilateral upper extremities electromyography (EMG) and bilateral upper extremities nerve conduction study (NCS). On 8-12-2015, the Utilization Review noncertified bilateral upper extremities electromyography (EMG) and bilateral upper extremities nerve conduction study (NCS) due to lack of documented subjective bilateral upper extremities symptoms and sensory or motor deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography), Right Upper Extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per ACOEM, Chapter 8: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computerized tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The records document complaints of tingling and hand pain. Clinical testing shows a positive Tinel sign. The symptoms have been present for longer than 3-4 weeks. The guidelines are met. Therefore, the request is medically necessary.

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**NCV (nerve conduction velocity), Left Upper Extremity: Overturned**

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**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per ACOEM, Chapter 8: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computerized tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The records document complaints of bilateral tingling and hand pain. Clinical testing shows a positive Tinel sign. The symptoms have been present for longer than 3-4 weeks. The guidelines are met. The request is medically necessary.

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