

<b>Case Number:</b>	CM15-0176460		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/20/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Preventive Medicine, Occupational 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 58 year old female who sustained an industrial injury on 05-20-2008. Current diagnoses include cervicothoracic strain-arthrosis, right shoulder status post arthroscopic chondroplasty of the humeral head, debridement of the supraspinatus and subscapularis, subacromial decompression and Mumford procedure, left shoulder impingement syndrome with acromioclavicular joint arthrosis, left elbow medial and lateral epicondylitis with cubital tunnel syndrome, left carpal tunnel syndrome, status post left wrist arthroscopic debridement of TFCC tear, CMC joint arthrosis-left thumb, and lumbosacral strain-arthrosis-discopathy with scoliosis and spondylolisthesis with neural encroachment. Report dated 07-07-2015 noted that the injured worker presented with complaints that included significant pain in the left wrist with occasional numbness. Pain level was not included. Physical examination performed on 07-07-2015 revealed thenar weakness on the left side, Tinel's and Phalen's was negative, but previous exam it was positive, decreased sensation in the median nerve distribution, and handshake test causes more pain in the wrist than in the elbow on the left side. Previous treatments included medications, surgical intervention of the right shoulder and left wrist, wrist injections, and home exercise program. The treatment plan included follow up in 6 weeks, she has enough medication, continue home exercise program, request for EMG-NCV studies of the bilateral upper extremities, due to symptoms of carpal tunnel syndrome, and look into the request for a pain management consultation. Current work status is temporarily totally disabled unless work restrictions can be honored. The utilization review dated 08-20-2015, non-certified the request for EMG-NCV right upper extremity and EMG-NCV left upper extremity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. EMG left upper extremity is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** The MTUS states that 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. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. The patient only reported symptoms in the left upper extremity, therefore, NCV right upper extremity is not medically necessary.

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