Case Number:	CM15-0179418		
Date Assigned:	09/21/2015	**Date of Injury:**	02/25/2014
Decision Date:	10/27/2015	**UR Denial Date:**	08/13/2015
Priority:	Standard	**Application Received:**	09/11/2015

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: Washington, 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 60 year old female who sustained an industrial injury on 2-25-14. Medical record indicated the injured worker is undergoing treatment for cervical sprain-strain, left shoulder sprain-strain, left elbow sprain-strain, left forearm strain, left wrist sprain-strain and left hand tenosynovitis. Treatment to date has included oral medications, physical therapy, shockwave therapy, transcutaneous electrical nerve stimulation (TENS) unit and activity modifications. In the provider's progress note on 5-22-15 the injured worker complained of stiffness of cervical spine, constant moderate nagging pain of left shoulder, sharp pain to left elbow, constant sharp pain at top of left forearm, constant burning type pain in left wrist-hand, numbness and weakness of the left hand and fingers and left hand pain worsens with repetitive gripping and repetitive grasping. Physical exam revealed tenderness to palpation of anterior left shoulder and posterior shoulder, tenderness to palpation of left lateral elbow and medial elbow, left forearm exam revealed tenderness to palpation of dorsal forearm and tenderness to palpation of lateral and medial left wrist. Consultant provider's note on 6-2-15 reported the injured worker continued to complain of neck pain radiating predominantly down left arm to the hand. Work status was noted to be modified duties. Exam General Assessment and neurologic exam documented no abnormalities. Electromyogram studies performed at that visit revealed findings consistent with mild left and moderate right carpal tunnel syndrome. There was no evidence of radiculopathy. The treatment/evaluation being contested is the (EMG) Electromyogram-(NCV) Nerve Condition Velocity testing of upper extremities performed on 6-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for EMG/NCV bilateral upper extremities DOS 06/02/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Summary.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Specifically, EMG testing is used to evaluate and record the electrical activity produced by skeletal muscles and NCV testing is used to evaluate the ability of the body's motor and sensory nerves to conduct electrical impulses. Criteria for its use are very specific. When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. The literature does not support the use of EMG/NCV testing for shoulder, wrist, hand or fingers abnormalities unless the clinician suspects carpal tunnel syndrome. The ACOEM Guidelines define its use for diagnosis of shoulder, wrist (except for Carpal Tunnel), hand or finger conditions as a D recommendation, that is, the information available in the literature does not meet inclusion criteria for research-based evidence. The records did not document suspicion of bilateral carpal tunnel syndrome. The request for retrospective EMG/NCV is not medically necessary or established.