

<b>Case Number:</b>	CM15-0068941		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/02/2008
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on November 2, 2008. The injured worker was diagnosed as having rule out median nerve neuropathy. A progress note dated March 9, 2015 provides the injured worker complains of bilateral wrist pain with numbness and hip pain. Physical exam notes wrist tenderness with positive Tinel's and Phalen's test with the right greater than the left. The plan includes an updated electromyogram, injections, and continued treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography EMG and/or nerve conduction velocity NCV studies for the left upper extremities as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for EMG/NCS of left upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities 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. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of radiculopathy for which EMG would be indicated. Additionally, it appears further conservative treatment is being requested, making it unclear how the currently requested diagnostic study will change the current treatment plan. Finally, there is no statement indicating why the previously performed electrodiagnostic study is insufficient at the current time. In the absence of clarity regarding those issues, the currently requested EMG/NCS of left upper extremities is not medically necessary.