

<b>Case Number:</b>	CM15-0079729		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Family Practice

### 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 March 19, 2012. She reported right wrist and hand, shoulders, mid back, and left knee pain. The injured worker was diagnosed as having posttraumatic stress disorder depressive disorder, chronic cervicthoracic sprain/strain and associated musculoligamentous structures, cervical disc intraspinal injury, tendinitis; impingement, and internal derangement of the right shoulder with evidence of postsurgical changes and mild bursitis; and tendinitis and partial rotator cuff tear. Diagnostics to date has included MRIs and x-rays. Treatment to date has included psychotherapy, physical therapy, a home exercise program, chiropractic therapy with electrical stimulation, Kinesiology treatment, a nylon knee sleeve, and medications including antidepressant, non-steroidal anti-inflammatory, and anti-anxiety. On March 30, 2015, the treating physician noted the injured worker was scheduled for an MRI of the right wrist. The physical exam revealed no changes since the prior visit. The treatment plan includes electromyography/nerve conduction velocity (EMG/NCV) of the upper extremities. Review for the medical records notes sensation of the upper extremities to be intact in a qualified medical elevator's report dated 1/14/15.

### 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) tests - Upper Extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 261.

**Decision rationale:** According to ACOEM guidelines, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. The guidelines also states that physiologic evidence may be in the form of definitive neurologic findings on physical examination. According to ACOEM Guidelines, appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. In this case, there is no evidence of clinical findings on examination, which would cause concern for radiculopathy stemming from the cervical spine or a peripheral neuropathy in the upper extremities. The request for EMG (electromyography) /NCV (nerve conduction velocity) tests - Upper Extremities is not medically necessary and appropriate.