

<b>Case Number:</b>	CM15-0099327		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	02/15/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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

### 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 73 year old male, who sustained an industrial injury on February 15, 2004. The injured worker was diagnosed as having cervical radiculopathy, rule out cervical disc injury and status post carpal tunnel release. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included carpal tunnel release. A progress note dated March 19, 2015 the injured worker complains of neck and upper back pain with arm pain the left greater than the right. Physical exam notes tenderness and spasm of the cervical pain with left upper extremity atrophy and weakness. The plan is for Transcutaneous Electrical Nerve Stimulation (TENS) unit and electromyogram and nerve conduction study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV to bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with pain in the neck, upper back and bilateral arms and hands. The request is for EMG/NCV to bilateral upper extremities. Patient is status post bilateral carpal tunnel release surgery, date unspecified. Physical examination to the cervical spine on 03/19/15 revealed tenderness to palpation and spasm. Physical examination to the upper extremities revealed severe atrophy to the left upper extremity. Patient's treatments have included physical therapy, over door traction device, and TENS unit, with benefits. Patient's diagnosis, per 01/12/15 progress report include cervical spine radiculitis w/ myofascitis, r/o cervical spine disc injury, s/p bilateral CT release. Patient's work status was not specified. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In progress report dated 03/19/15, under treatment plan, treater states, "needs EMG/NCV due to severe atrophy L arm." There is no documentation that prior electrodiagnostic studies have been done. In this case, the patient continues to have weakness and decreased sensation in both upper extremities and is diagnosed with cervical radiculitis with myofascitis. Given the patient's condition and that the patient has not had these tests performed in the past, the request is medically necessary.