

<b>Case Number:</b>	CM14-0143213		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/16/2003
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year-old patient sustained a cumulative injury on 10/16/2003 while employed by [REDACTED]. Request(s) under consideration include EMG of the Right Upper Extremity and NCV Testing of the Right Upper Extremity. Diagnoses include cervical disc degeneration/ chronic neck pain; s/p right shoulder arthroscopic surgery for rotator cuff repair (Jan. 2012); right elbow lateral epicondylitis; and status post CTR (carpal tunnel release) (4/26/04, 7/12/04). Conservative care has included medications, therapy, and modified activities/rest. Medications list Ambien, Cymbalta, and Vicodin. Report of 8/4/14 from the provider noted the patient with ongoing chronic neck pain and right hand numbness. Exam showed cervical spine with restricted range; tenderness over bilateral trapezius; right elbow tenderness over lateral medial epicondyles with positive Tinel's at elbow; wrist with negative right Tinel's and Phalen's; upper extremity with intact motor strength except for reduced grip strength on right side; diffuse sensory diminished over all fingers of right hand; symmetrical brisk intact DTRs(deep tendon reflexes). The request(s) for EMG of the Right Upper Extremity and NCV Testing of the Right Upper Extremity were non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

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

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy, only with continued diffuse pain, intact motor strength, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2003 injury without new injury or acute changed findings. The EMG of the Right Upper Extremity is not medically necessary and appropriate.

**NCV Testing of the Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

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

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, medical necessity for NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome, only with continued diffuse pain, intact motor strength, and diffuse decreased sensation without specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2003 injury without new injury or acute changed findings. The NCV Testing of the Right Upper Extremity is not medically necessary and appropriate.