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| <b>Case Number:</b>   | CM13-0003966 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 05/06/2013 |
| <b>Decision Date:</b> | 04/24/2014   | <b>UR Denial Date:</b>       | 07/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2013 |

### 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 Occupational Medicine, 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:

According to the records made available for review, this is a 55 year old female with a 5/6/13 date of injury. At the time (7/3/13) of request for authorization for bilateral upper extremity EMG and bilateral upper extremity NCS, there is documentation of subjective (pain after 5 minutes of any hand activity) and objective (tenderness with palpation of both wrists, positive Finkelstein present bilaterally, positive Tinel elicited on the right) findings, current diagnoses (cervical strain/sprain, elbow or forearm strain/sprain, hand strain/sprain, and wrist strain/sprain), and treatment to date (splint/brace, PT, and medication). There is no documentation that the patient is a candidate for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL UPPER EXTREMITY EMG/NCS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, section on Electrodiagnostic studies

**Decision rationale:** ACOEM Guidelines indicate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In addition, ACOEM Guidelines identify documentation of failure of conservative treatment as criteria necessary to support the medical necessity of NCV for median or ulnar impingement at the wrist. ODG identifies documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patients who are candidates for surgery, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information made available for review, there is documentation of diagnoses of cervical strain/sprain, elbow or forearm strain/sprain, hand strain/sprain, and wrist strain/sprain. In addition, there is documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome. However, there is no documentation that the patient is a candidate for surgery. Therefore, based on guidelines and a review of the evidence, the request for bilateral upper extremity EMG is not medically necessary.