

<b>Case Number:</b>	CM13-0016450		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	12/26/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Neurology and is licensed to practice in Texas, New Mexico, Florida, Connecticut, Oklahoma and Illinois. 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:

The injured worker is a 53 year old male who reported an injury to his upper extremities. The mechanism of injury is not specified. The clinical note dated 12/26/08 indicates the injured worker reported that physical therapy had been providing some benefit. The note indicates the injured worker was able to demonstrate -5 to 130 degrees of range of motion at the left elbow. The clinical note dated 11/02/12 indicates the injured worker was diagnosed with bilateral carpal tunnel and bilateral cubital tunnel syndrome. There is indication the injured worker has previously undergone therapeutic interventions as well as a previous surgery. The qualified medical evaluation dated 05/28/13 indicates the injured worker previously underwent surgical intervention at the left wrist and elbow. However, the injured worker stated that he had developed an infection. There is an indication the injured worker has completed 11 physical therapy sessions to date. The injured worker continued with 5-9/10 pain. The injured worker also reported tingling at the right hand as well as weakness at both hands. The clinical note dated 07/24/13 indicates the injured worker complains of numbness and tingling at the left little finger and right little finger as well as the right elbow. The utilization review dated 06/25/14 resulted in a denial as no information had been submitted regarding any radiculopathy in the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity (NCV) of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: elbow.

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

**Decision rationale:** The documentation indicates the injured worker complaining of bilateral hand and wrist pain. Electrodiagnostic studies of the upper extremities would be indicated provided the injured worker meets specific criteria to include radiculopathy identified by clinical exam. There is an indication the injured worker has ongoing symptoms associated with carpal tunnel syndrome. However, no radiculopathy has been identified associated with the cervical region. Therefore, the request is not indicated as medically necessary.

**Nerve conduction velocity (NCV) of left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: elbow.

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

**Decision rationale:** The documentation indicates the injured worker complaining of bilateral hand and wrist pain. Electrodiagnostic studies of the upper extremities would be indicated provided the injured worker meets specific criteria to include radiculopathy identified by clinical exam. There is an indication the injured worker has ongoing symptoms associated with carpal tunnel syndrome. However, no radiculopathy has been identified associated with the cervical region. Therefore, the request is not indicated as medically necessary.

**Electromography of left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: elbow.

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

**Decision rationale:** The documentation indicates the injured worker complaining of bilateral hand and wrist pain. Electrodiagnostic studies of the upper extremities would be indicated provided the injured worker meets specific criteria to include radiculopathy identified by clinical exam. There is an indication the injured worker has ongoing symptoms associated with carpal tunnel syndrome. However, no radiculopathy has been identified associated with the cervical region. Therefore, the request is not indicated as medically necessary.

**Electromyography of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: elbow.

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

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