

<b>Case Number:</b>	CM13-0017719		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, 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 physician 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 patient is a 43-year-old gentleman who sustained upper extremity injuries in a work related accident on 09/28/11. Clinical records include a recent 07/08/13 assessment with [REDACTED], [REDACTED], where he was noted to be with subjective complaints of anxiety, depression, pain about the right elbow, and bilateral hands and wrists. It stated at that time that diagnostic studies had been recommended, but not yet performed. Physical examination showed tenderness over the right elbow with the lateral epicondyle, restricted range of motion with pain, and examination of the hands and wrists that demonstrated positive Tinel's and Phalen's testing. There was diminished grip strength and healing incisions from prior carpal tunnel release procedures. Recommendations at that time were for electrodiagnostic studies to the upper extremities for further assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-269.

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, EMG studies of the bilateral upper extremities would be supported. Electrodiagnostic testing is helpful to delineate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. The claimant's clinical records in this case indicate him to be with continued positive physical examination demonstrating a neurologic process that would be consistent with recalcitrant carpal tunnel syndrome. It notes that he is with prior carpal tunnel release. The role of electrodiagnostic testing for assessment in this case would appear medically necessary.

**NCS of bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-269.

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, nerve conduction velocities to the upper extremities appear to be warranted. As stated above, the claimant is with continued carpal tunnel symptoms, status post release, with positive physical examination findings and failure of conservative care in the postoperative setting. The role of this diagnostic testing would appear to be medically necessary at present.