

<b>Case Number:</b>	CM13-0023454		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	11/13/2010
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Family Practice has a subspecialty in Pain 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 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.

### 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 is a 39 yr. old female who sustained right upper extremity hand pain after repeatedly removing bread pans at work since 11/13/10. She was diagnosed with carpal tunnel and underwent median neurolysis in 11/29/11. She has received physical therapy and pain medications. An examination note on 8/21/13 noted a positive Phalen's test with radiating pain to the shoulder along with continued right wrist weakness. A recent examination report on 9/24/13 noted impingement findings of the right shoulder and hypesthesia of the right wrist along with tenderness and pain that has persisted for several months. An MRI was ordered of the shoulder and EMG of the wrist to determine cause of persistent wrist symptoms despite surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) electromyography of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition, Chapter: Carpal Tunnel Syndrome, Electromyography (EMG), which is not part of the MTUS..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) EMG and Section 4 and Carpal Tunnel Post-Op pg. 246 .

**Decision rationale:** According to the MTUS guidelines, Carpal Tunnel post -surgical treatment includes 3-5 visits of therapy over 4 weeks. According to the ACOEM Guidelines, EMG is recommended for Sub-Acute and Chronic Radicular Pain Syndromes (including Sciatica) with Limited Evidence (C) Electrodiagnostic studies which must include needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable. The Treatment algorithm defined by the ACOEM guidelines (11-3 and 11-4) state that an EMG is indicated when the physical exam does not demonstrate nerve dysfunction. In this case, the physical exam does indicate specific nerve dysfunction. As a result an EMG is not medically necessary and would not change the diagnosis of treatment plan.