

<b>Case Number:</b>	CM13-0025084		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 56 year old female who reported an injury on 08/05/2003. The mechanism of injury and affected body parts were not included in the medical records. According to a clinical note dated 06/19/2013, the patient's current diagnoses include impingement syndrome of the shoulder on the right, status post decompression and distal clavicle excision; carpal tunnel syndrome bilaterally, status post decompression; wrist inflammation on the right, status post arthroscopy with grade 2 to grade 3 chondromalacia along the lunate noted; wrist joint inflammation on the left; and CMC joint inflammation on the left, related to the use of cane; trochanteric bursitis on the right; discogenic lumbar condition with radiculitis; internal derangement of the right knee, status post 2 arthroscopies with chondromalacia noted and meniscectomy done; internal derangement of the knee on the left; depression; sleep disorder; anxiety; weight gain; constipation; and GI irritation. It is noted in the 07/17/2013 note, that compensable body parts include right shoulder, bilateral wrists, and bursitis along the right hip, low back, and right and left knees. The patient's current treatment of bilateral knee pain includes steroid injections, which have been very helpful. She also has success with a TENS unit and is currently being weaned from her narcotics. The most current clinical note dated 07/17/2013 indicates objective findings of tenderness along the rotator cuff, as well as the wrist. There is noted good motion to the wrists, but limited shoulder motion. A previous note dated 06/19/2013 stated that there was limited shoulder motion and some Tinel's along the radial nerve on the left. The only neurologic findings were subjective complaints offered by the patient on clinical examination dated 06/19/2013. At this time, the patient complained of numbness to the base of the left thumb only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremities:** 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): 268-269.

**Decision rationale:** The ACOEM Guidelines state that routine use of NCVs or EMGs in the diagnostic evaluation of nerve entrapment or screening in patients without corresponding symptoms is not recommended. Furthermore, ACOEM Guidelines recommend EMG/NCV studies only to identify and define carpal tunnel syndrome; a diagnosis already confirmed in the medical records provided for review. Other than the subjective complaints offered in the 06/19/2013 clinical note, there are no indications that the patient has any neurological deficits. It was also noted in this note, that the patient only has subjective complaints to the left side. As such, an EMG/NCV to the bilateral upper extremities is not medically necessary and appropriate.