

<b>Case Number:</b>	CM13-0028684		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 and Rehabilitation is licensed to practice in Oklahoma and 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 71-year-old female who reported an injury on 05/03/2012 due to cumulative trauma. The patient had a history of failed right carpal tunnel release on 01/17/2013. The patient underwent an electrodiagnostic study on 09/10/2013 which revealed there was no electrodiagnostic evidence of neuropathy or radiculopathy. The patient underwent MRI of the right wrist that was reported to be unremarkable. The most recent physical exam findings conclude complaints of pain and numbness rated at 9/10. Objective findings included a positive Phalen's, positive reverse Phalen's, positive Tinel's, and positive Finkelstein's test of the right wrist. The patient's diagnoses included failed right carpal tunnel release, signs of CRPS, and left carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An EMG of the left upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested EMG for the left upper extremity is not medically necessary or appropriate. The patient does have pain and numbness of the left hand with a positive Phalen's and positive Tinel's test. However, American College of Occupational and Environmental Medicine states, "The routine use of NCV or EMG in the diagnostic evaluation of nerve entrapment or screening of patients without symptoms" is not recommended. The clinical documentation submitted for review does not provide any evidence the patient has physical findings related to radiculopathy. Additionally, the patient underwent an electrodiagnostic study that revealed there was no significant evidence of radiculopathy or neuropathy. Therefore, additional testing would be redundant. As the patient has no indication of radicular symptoms, the requested EMG of the left upper extremity would not be medically necessary or appropriate

**An EMG of the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested EMG for the right upper extremity is not medically necessary or appropriate. The patient does have pain and numbness of the left hand with a positive Phalen's and positive Tinel's test. However, American College of Occupational and Environmental Medicine states, "The routine use of NCV or EMG in the diagnostic evaluation of nerve entrapment or screening of patients without symptoms" is not recommended. The clinical documentation submitted for review does not provide any evidence the patient has physical findings related to radiculopathy. Additionally, the patient underwent an electrodiagnostic study that revealed there was no significant evidence of radiculopathy or neuropathy. Therefore, additional testing would be redundant. As the patient has no indication of radicular symptoms, the requested EMG of the right upper extremity would not be medically necessary or appropriate