

<b>Case Number:</b>	CM13-0037498		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Family Practice, and is licensed to practice in Arizona. 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 patient is a 39 year old female with a date of injury of 6/14/2013. The patient has been treated for ongoing symptoms in the bilateral upper extremities and neck. Diagnoses include probable bilateral carpal tunnel syndrome or cubital tunnel syndrome, and left wrist tenosynovitis versus volar cyst. Subjective complaints include pain in the left wrist/hand/thumb, pain in the right hand/thumb/middle finger, and bilateral numbness and tingling. Physical exam shows cervical decreased range of motion, and tenderness. There is decreased thenar strength bilaterally, and positive Phalen's bilaterally. Sensation is decreased to light touch on both hands. Prior x-rays of hands and wrist were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 179, 182, 213, 261, 269. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**Decision rationale:** ACOEM guidelines suggest EMG as a means of detecting physiologic insult in the upper back and neck. It can also be used to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection, but it is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints, the ACOEM does not recommend EMG for evaluation for usual diagnoses. For this patient, subjective and objective signs/symptoms show carpal tunnel syndrome, but not evidence for cervical radiculopathy. The Official Disability Guidelines recommend electrodiagnostic testing for nerve conduction velocities for carpal tunnel, but the addition of EMG is not generally necessary. Therefore, the medical necessity of EMG is not established.

**NCS OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 179, 182, 213, 261, 269.

**Decision rationale:** ACOEM guidelines suggest NCS as a means of detecting physiologic insult in the upper back and neck. NCS can also be used to clarify nerve root dysfunction in cases of suspected disc herniation preoperatively or before epidural injection, but it is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints, ACOEM does not recommend NCV for evaluation for usual diagnoses. For hand/wrist complaints, NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this patient, subjective and objective signs/symptoms show carpal tunnel syndrome, but not evidence for cervical radiculopathy. The Official Disability Guidelines recommend electrodiagnostic testing by using nerve conduction velocities (NCV) for evaluation of carpal tunnel. Therefore, the request for NCS of the upper extremities is medically necessary.