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| <b>Case Number:</b>   | CM13-0037810 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 01/29/2010 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 10/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/24/2013 |

### 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 Orthopedic 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 45-year-old female who sustained an injury to the bilateral upper extremities in a work related accident on 01/29/10. The clinical records reviewed included a 09/13/13 orthopedic assessment by [REDACTED] documenting diagnoses of bilateral lateral epicondylitis, right greater than left flexor tendinopathy to the wrist, status post bilateral first dorsal extensor compartment releases and a diagnosis of right carpal tunnel syndrome. [REDACTED] objective findings on that date were noted to be "unchanged." Previous physical examination findings from 07/25/13 showed equal and symmetrical upper extremity reflexes with 5/5 motor strength in the upper extremities, full range of motion of the wrists, hands, and shoulders with marked tenderness over the first CMC joint and a positive grind test bilaterally at the CMC joints of the thumb. Working diagnosis was overuse syndrome to the upper extremities, status post de Quervain's release with chronic CMC joint arthrosis with possible early carpal tunnel syndrome. Previous electrodiagnostic studies from 01/09/13 showed evidence of mild bilateral carpal tunnel syndrome with no other acute findings. At present, there is a request for repeat electrodiagnostic studies of the upper extremities

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand Complaints, Occupational Medicine practice.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Based on California ACOEM 2004 Guidelines, the request for EMG studies of the bilateral upper extremities would not be indicated. EMG testing would not be supported as the claimant has recent testing from January 2013 that clearly demonstrates a finding of carpal tunnel syndrome. The claimant's diagnosis in this case is already understood based on imaging and prior electrodiagnostic studies and formal clinical presentation. The role of a second electrodiagnostic study in the past calendar year would not be indicated for confirmatory purposes.

**NCV bilateral upper extremities (BUE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand Complaints, Occupational Medicine practice.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Based on California ACOEM 2004 Guidelines, NCV of the bilateral upper extremities would not be indicated. The claimant has recent testing from January 2013 that clearly demonstrates a finding of carpal tunnel syndrome. The claimant's diagnosis in this case is already understood based on imaging and prior NCV electrodiagnostic studies and formal clinical presentation. The role of a second NCV electrodiagnostic study in the past calendar year would not be indicated for confirmatory purposes.