

<b>Case Number:</b>	CM13-0037838		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/17/2013
<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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a now 36 year-old female with date of injury 9/11/09. Relevant medical documents that were reviewed include records from [REDACTED] including notes from 9/16/13. Additionally, MRI of the c-spine was reviewed from 8/21/13. Subjective complaints have included neck pain, wrist pain, and numbness and tingling in the second and third digits. Objective findings have included positive Phalen and reverse Phalen test. MRI c-spine findings are "relatively benign" as described in notes from [REDACTED] from 9/16/13. Notes from 3/25/13 were also reviewed from the treating physician indicating the patient's symptoms were predominantly on the right side including "right shoulder pain along with radiculopathy in the right upper extremity with numbness, tingling, and weakness." In addition, notes from May 13, 2013 do not specifically address laterality of complaints, but do note "numbness and tingling over the C5 and C6 dermatome". Examination from this provider on June 24, 2013 documents discomfort of the right upper extremity as well. Most recent notes from 9/16/13 do not specifically address laterality of complaints but do not "numbness and tingling in the second and third digits."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV upper extremities:** 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): 261.

**Decision rationale:** Under review is the decision for bilateral upper extremity EMG/NCS for further diagnostics of the patient's numbness and tingling. Per review of the ACOEM Guidelines, NCS/EMG are appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. However, the clinician fails to specifically document the patient has bilateral numbness and tingling in the hands. Previous documentation from March 2013, May 2013 seem to indicate a predominance of symptoms only on the right side. Therefore, decision for bilateral EMG/NCS is not supported in this context for the patient.