

<b>Case Number:</b>	CM13-0050597		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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:

This patient is a 50 year old male with date of injury 5/11/10. The mechanism of injury is described as an industrial injury. The patient has complained of bilateral wrist pain with numbness and weakness since the date of injury. He has had a right carpal tunnel release in February, 2013. He has also been treated with physical therapy and medications. Objective: positive Phalen's test bilaterally, decreased cervical spine range of motion, tenderness of the cervical spine paraspinal musculature bilaterally; intact motor strength bilateral upper extremities, intact sensory exam bilateral upper extremities. Diagnoses: carpal tunnel syndrome bilaterally, hand sprain bilaterally. Treatment plan and request: Bilateral upper extremity electromyograms and nerve conduction velocity testing of the wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) OF LEFT UPPER EXTREMITY, WRIST:** Upheld

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

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

**Decision rationale:** This 50 year old male has complained of bilateral wrist pain with numbness and weakness since the date of injury on 05/11/10. He has been treated with surgery, physical therapy and medications. The current request is for bilateral upper extremity electromyogram and bilateral upper extremity nerve conduction velocity testing, wrists. Per the MTUS guideline cited above, an EMG/ NCV study may be obtained when the neurologic exam is not clear. The available medical notes state that there are no abnormalities of sensation or motor strength on neurologic exam of the bilateral upper extremities. There is, therefore, no supporting evidence that an EMG/ NCV of the bilateral upper extremities should be obtained at this time. On the basis of the included medical documentation and per the MTUS guideline cited above, EMG of the LUE/wrist is not indicated as medically necessary.

**ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY, WRIST: Upheld**

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

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

**Decision rationale:** This 50 year old male has complained of bilateral wrist pain with numbness and weakness since the date of injury on 05/11/10. He has been treated with surgery, physical therapy and medications. The current request is for bilateral upper extremity electromyogram and bilateral upper extremity nerve conduction velocity testing, wrists. Per the MTUS guideline cited above, an EMG/ NCV study may be obtained when the neurologic exam is not clear. The available medical notes state that there are no abnormalities of sensation or motor strength on neurologic exam of the bilateral upper extremities. There is, therefore, no supporting evidence that an EMG/ NCV of the bilateral upper extremities should be obtained at this time. On the basis of the included medical documentation and per the MTUS guideline cited above, EMG of the RUE/wrist is not indicated as medically necessary.

**NERVE CONDUCTION VELOCITY STUDIES (NCV OR NCS) OF LEFT UPPER EXTREMITY, WRIST: Upheld**

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

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

**Decision rationale:** This 50 year old male has complained of bilateral wrist pain with numbness and weakness since the date of injury on 05/11/10. He has been treated with surgery, physical therapy and medications. The current request is for bilateral upper extremity electromyogram and bilateral upper extremity nerve conduction velocity testing, wrists. Per the MTUS guideline cited above, an EMG/ NCV study may be obtained when the neurologic exam is not clear. The available medical notes state that there are no abnormalities of sensation or motor strength on neurologic exam of the bilateral upper extremities. There is, therefore, no supporting evidence

that an EMG/ NCV of the bilateral upper extremities should be obtained at this time. On the basis of the included medical documentation and per the MTUS guideline cited above, NCV of the LUE/wrist is not indicated as medically necessary.

**NERVE CONDUCTION VELOCITY STUDIES (NCV OR NCS) OF RIGHT UPPER EXTREMITY, WRIST:** Upheld

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

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

**Decision rationale:** This 50 year old male has complained of bilateral wrist pain with numbness and weakness since the date of injury on 05/11/10. He has been treated with surgery, physical therapy and medications. The current request is for bilateral upper extremity electromyogram and bilateral upper extremity nerve conduction velocity testing, wrists. Per the MTUS guideline cited above, an EMG/ NCV study may be obtained when the neurologic exam is not clear. The available medical notes state that there are no abnormalities of sensation or motor strength on neurologic exam of the bilateral upper extremities. There is, therefore, no supporting evidence that an EMG/ NCV of the bilateral upper extremities should be obtained at this time. On the basis of the included medical documentation and per the MTUS guideline cited above, NCV of the RUE/wrist is not indicated as medically necessary.