

<b>Case Number:</b>	CM13-0067025		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/13/1994
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine 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 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 applicant is represented [REDACTED] employee who filed a claim for chronic hand, wrist, elbow, and shoulder pain reportedly associated with an industrial injury of June 13, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of June 1994, notable for borderline median and sensory distal latencies; and wrist splints. In a utilization review report of November 20, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral upper extremities, stating that the applicant was not clearly a candidate for surgery. Non-MTUS ODG Guidelines were cited along with a variety of MTUS Guidelines. The applicant's attorney subsequently appealed. A November 18, 2013 progress note is notable for the comments that the applicant reports persistent pain about the hands and digits with associated numbness, tingling, and paresthesias, predominantly in the first through third digits. Tinel, Phalen, and Durkin signs are positive. The applicant has a positive cubital tunnel testing at the elbows, it is further noted. Wrist splints, Voltaren and electrodiagnostic testing are sought. Work restrictions are also endorsed. It is stated that the carpal tunnel syndrome is the likely operating diagnosis. Multiple other progress notes of September 24, 2013 and October 24, 2013, the applicant was described as having persistent digital numbness, tingling, and paresthesias with associated hyposensorium noted about the hands. Electrodiagnostic testing was sought on each of these occasions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG LEFT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261,269.

**Decision rationale:** As noted in MTUS-adopted ACOEM Guidelines in Chapter 11, page 269, electrical studies "may be indicated" in applicants in whom peripheral nerve impingement is suspected if no improvement or worsening has occurred within four to six weeks. In this case, the applicant has longstanding complaints of digital numbness, tingling, and paresthesias, apparently consistent with the suspected diagnosis of carpal tunnel syndrome. Electrodiagnostic testing, including the EMG in question are indicated, appropriate, and further supported by page 261 of the Chapter 11 ACOEM Guidelines, which state that EMG testing may be helpful in more difficult cases to help distinguish between carpal tunnel syndrome and other conditions. In this case, it is suggested that the applicant may have a diagnosis such as cubital tunnel syndrome in addition to carpal tunnel syndrome. EMG testing will be helpful in delineating between the two. For all the stated reasons, the request is certified, on independent medical review.

**EMG RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261,269.

**Decision rationale:** As with the EMG of the left lower extremity, the applicant has signs and symptoms of carpal tunnel syndrome, which have persisted for what appears to be several years. As noted in the MTUS Guideline ACOEM Chapter 11, page 269, electrical studies may be indicated in applicants in whom peripheral nerve impingement is suspected if no improvement or worsening has occurred within four to six weeks. In this case, the applicant's symptoms have seemingly worsened over the past several months. They have been present, moreover, for what appears to be several years. Electrodiagnostic testing, including the proposed EMG testing is therefore, indicated, appropriate, and further supported by page 261 of the ACOEM Guidelines, which states that EMG testing may be helpful in distinguishing between carpal tunnel syndrome and other suspected conditions. In this case, a superimposed cubital tunnel syndrome is suspected. EMG testing is indicated for all the stated reasons. Therefore, the request is certified, for all the stated reasons.