Case Number:	CM13-0068314		
Date Assigned:	01/03/2014	**Date of Injury:**	03/04/2013
Decision Date:	05/02/2014	**UR Denial Date:**	11/15/2013
Priority:	Standard	**Application Received:**	12/19/2013

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 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 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 42-year-old patient has a date of injury of 03/04/13. This patient has been treated for neck pain and symptoms of numbness and tingling in the left hand. She is status post ulnar nerve release performed in August of 2013 and has had persistent symptoms of numbness and tingling in the index and middle fingers. Examination as of October, 2013, documented decreased sensation in the ring and small fingers. No neurologic symptoms were reported in the right upper extremity. EMG nerve conduction studies of the bilateral upper extremities were requested. A review dated 11/15/13, EMG nerve conduction studies of the left upper extremity were certified and EMG nerve conduction studies of the right upper extremity were noncertified.

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: 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, 269, 270.

Decision rationale: The EMG/nerve conduction studies of the patient's bilateral upper extremities would not be considered medically appropriate in this case based upon on the

ACOEM Guidelines. If one looks towards the ACOEM Forearm, Hand, and Wrist Chapter, on electrodiagnostic studies, ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conductions such as cervical radiculopathy. If no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, there are no symptoms in the right upper extremity. Therefore, EMG nerve conduction studies of only the left upper extremity would be considered medically appropriate. Therefore, EMG/nerve conduction studies of the bilateral upper extremities would not be considered medically appropriate.

NCV OF THE BILATERAL 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, 269, 270.

Decision rationale: The EMG/nerve conduction studies of the patient's bilateral upper extremities would not be considered medically appropriate in this case based upon on the ACOEM Guidelines. If one looks towards the ACOEM Forearm, Hand, and Wrist Chapter, on electrodiagnostic studies, ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conductions such as cervical radiculopathy. If no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. In this case, there are no symptoms in the right upper extremity. Therefore, EMG nerve conduction studies of only the left upper extremity would be considered medically appropriate. Therefore, EMG/nerve conduction studies of the bilateral upper extremities would not be considered medically appropriate.