

<b>Case Number:</b>	CM14-0100664		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Family 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:

This is a 44 year old female with an 8/10/13 injury date. The mechanism of injury was not provided. In a follow-up on 3/24/14, subjective complaints included numbness and tingling in the right hand, in both the median and ulnar nerve distributions. She was initially treated for a wrist sprain. Objective findings included positive right elbow flexion test, tenderness over the cubital tunnel, positive Tinel's at the wrist, positive Phalen's and Durken's, and no muscle atrophy. The patient was offered a cortison injection in the median nerve area of the right wrist but she declined the injection. A right wrist MRI on 12/3/13 showed flattening of the median nerve in the carpal tunnel c/w carpal tunnel syndrome. Diagnostic impression: wrist strain, r/o carpal tunnel syndrome. Treatment to date: NSAIDs, night splint, elbow pad. A UR decision on 6/18/14 denied the request for right shoulder EMG but the justification was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

**Decision rationale:** The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, there are objective signs and symptoms consistent with carpal tunnel syndrome, and possibly cubital tunnel syndrome. The patient has tried anti-inflammatory medication and splinting. However, there is no documentation of physical therapy or a trial corticosteroid injection, which would be important prior to considering an EMG/NCV study. Therefore, the request for EMG right shoulder is not medically necessary.