

<b>Case Number:</b>	CM14-0102330		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 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 has filed a claim for neck and bilateral upper extremity pain reportedly associated with an industrial injury of April 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated June 19, 2014, the claims administrator approved a request for Motrin, approved a request for ultrasound of the left forearm mass, and denied a request for electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney subsequently appealed. In a physical therapy progress note dated July 16, 2014, the applicant was described as having seven sessions of physical therapy through that point in time. A 5/10 bilateral wrist pain radiating to the neck and forearm was reported at that point. In a progress note dated July 29, 2014, the applicant stated that she had been off of work for the last week. It was stated that the applicant was pending MRI imaging of the cervical spine and electrodiagnostic testing of the right upper extremity to rule out carpal tunnel syndrome. The left forearm ultrasound was ordered to evaluate a left forearm lump. The applicant was smoking half pack a day, it was acknowledged. The applicant was on Robaxin, Norco and Motrin. Positive Phalen test was noted about the right hand with cervical range of motion within normal limits. The applicant was kept off of work during the week but Motrin and Norco were renewed. MRI imaging of the cervical spine to rule out a herniated disk was ordered to further evaluate the applicant's right upper extremity radicular complaints. An orthopedic referral was also sought. On May 23, 2014, the applicant reported persistent complaints of bilateral upper extremity pain and numbness about all fingers, progressively worsening, for the past three months, it was stated, atraumatic. The applicant was using Norco and Motrin, it was stated. The

applicant had had numbness and tingling for the past three months, it was acknowledged. Electrodiagnostic testing of the bilateral extremities, Motrin, and wrist bracing were endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electromyography (EMG) bilateral upper extremities:** Overturned

**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:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the EMG at issue here, may be helpful in distinguishing between a diagnosis such as carpal tunnel syndrome and superimposed concern, such as cervical radiculopathy. In this case, the applicant has persistent complaints of bilateral upper extremity paresthesias. Both carpal tunnel syndrome and cervical radiculopathy have been speculated as the source. Obtaining the EMG testing in question can help to distinguish between the two possibilities. Therefore, the request is medically necessary.

**Nerve conduction study (NCS) bilateral upper extremities:** Overturned

**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:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies, including the nerve conduction studies at issue here, can help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. In this case, the applicant's upper extremity paresthesias have persisted for a span of several months. Obtaining the nerve condition testing in question can help to establish the suspected diagnosis of carpal tunnel syndrome. Therefore, the request is medically necessary.