

<b>Case Number:</b>	CM14-0105260		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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:

This is a 35-year-old female with a 5/10/13 date of injury. The mechanism of injury occurred due to repetitive working and sorting oranges. According to an electrodiagnostic consultative report dated 5/14/14, the patient complained of intermittent neck pain, right wrist pain radiating to the right hand with associated symptoms of tingling. An EMG and NCV of the bilateral upper extremities were performed on this date. Objective findings: normal range of motion of the cervical spine, positive Phalen's test on right wrist, positive Tinel's sign on right wrist, sensation was intact, no cervical paraspinal or bilateral trapezius muscle tenderness. Diagnostic impression: cervical radiculopathy, carpal tunnel syndrome. Treatment to date: medication management, activity modification. A UR decision dated 6/25/14 denied the requests for EMG/NCV study of the bilateral upper extremities. While this patient indeed has findings suggestive of carpal tunnel syndrome, the current guidelines state that a nerve conduction study is recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery; but there was no indication that this patient is a surgical candidate. Also, there is no indication for a bilateral study when objective findings were all noted on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (05/14/2014) for one electromyography (EMG) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Neck & Upper Back, Electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238 10-6,Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

**Decision rationale:** CA 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 reports provided for review, there was no documentation of bilateral upper extremity neurological issues. The neurologic exam was normal, in fact, it is noted that the patient's sensation was intact. The subjective complaint of tingling does not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for Retrospective request (05/14/2014) for one electromyography (EMG) of the bilateral upper extremities was not medically necessary.

**Retrospective request (05/14/2014) for one nerve conduction velocity study of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Neck & Upper Back, Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238 10-6,Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

**Decision rationale:** CA 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 reports provided for review, there was no documentation of bilateral upper extremity neurological issues. The neurologic exam was normal, in fact, it is noted that the patient's sensation was intact. The subjective complaint of tingling does not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for Retrospective request (05/14/2014) for one nerve conduction velocity study of the bilateral upper extremities was not medically necessary.

