

<b>Case Number:</b>	CM14-0013851		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 New jersey. 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 worker is a 37 year old female who was injured on 9/13/2011. She was diagnosed with thoracolumbar disc disease, cervical disc disease, thoracic sprain, lumbago, cervicgia, acute stress reaction, shoulder sprain, elbow sprain, bilateral carpal tunnel syndrome, anxiety, and depression. Treatment consisted of physical therapy, chiropractor visits, antidepressants, benzodiazepines, sleep aids, Bentyl, opioids, NSAIDs, muscle relaxants, and prilosec. EMG/NCV testing was performed on 7/22/13 of the bilateral upper extremities which was normal except for median neuropathy at the right wrist consistent with borderlines carpal tunnel syndrome. On 11/7/2013, the worker was seen by her orthopedic surgeon for the first time, complaining of neck, shoulder/arm, and upper/mid/lower back pain. Her neck and shoulder pain was described as a throbbing, tingling, burning, numbing and sharp sensation. Her back pain was described as dull, throbbing, tingling, burning pain that radiates to both legs and buttocks. Physical examination revealed positive Phalen's test on both wrists, and normal sensation of the wrist and hands. She was then recommended to get another upper extremity EMG/NCV as well as compound muscle action potential (CMAP) testing "to insure that while the patient is giving full effort, CMAP is able to objectively quantify range of motion and strengthen functional capacities."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MUSCLE ACTION POTENTIAL (CMAP) TESTING: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: Electromyography and Nerve Conduction Studies (<http://emedicine.medscape.com/article/2094544-overview>).

**Decision rationale:** The MTUS is silent in regards to CMAP testing for any of the conditions this worker was diagnosed with. Other guidelines were sought. A CMAP is not a standard test option for the diagnosis of carpal tunnel syndrome, and is not typically needed for confirmation of this diagnosis. Only if there is suspected carpal tunnel syndrome with negative sensory EMG and NCS would it be helpful as it will assess for motor dysfunction. The purpose of the CMAP in the case of this worker, was for the assessment of functional improvement, which is unnecessary. Functional assessment should be sufficient based on subjective (history) and physical examination alone. Therefore, the CMAP testing is not medically necessary.