

<b>Case Number:</b>	CM14-0018673		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 injured worker is a 39 year old female who reported an injury on 09/25/2012 secondary to unknown mechanism of injury. The diagnoses included carpal tunnel syndrome, myofascial pain syndrome and DeQuervain's tenosynovitis. An EMG/NCV study was performed on 01/29/2013 and showed evidence of moderate left median mononeuropathy at the wrist consistent with carpal tunnel syndrome. The injured worker was evaluated on 01/05/2014 for reports of pain in left upper extremity. The exam noted positive tenderness to palpation at the left bicep, wrist flexors and extensors, decreased sensation to pinprick in the median distribution of the left hand and positive carpal tunnel test. The treatment plan included acupuncture, EMG/NCS and home exercise program. The request for authorization dated 01/06/2014 is in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 162.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request EMG of the left upper extremity is not medically necessary. The Forearm, Wrist And Hand Complaints,/ACOEM Guidelines state electromyography (EMG), may be recommended in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated; however, there is evidence of a prior EMG on 01/29/2013 indicating moderate carpal tunnel syndrome. The documentation provided shows no evidence of significant changes since the prior EMG. Therefore, based on the documentation provided, the request is not medically necessary.

**NCV OF THE LEFT UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request NCV of the left upper extremity is not medically necessary. The Forearm, Wrist And Hand Complaints /ACOEM Guidelines state nerve conduction velocity (NCV), may be recommended in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated; however, there is evidence of a prior NCV on 01/29/2013 indicating moderate carpal tunnel syndrome. The documentation provided shows no evidence of significant changes since the prior EMG. Therefore, based on the documentation provided, the request is not medically necessary.