

<b>Case Number:</b>	CM14-0110943		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/03/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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 records presented for review indicate that this 39-year-old female was reportedly injured on March 3, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of bilateral hand pain. The pain in the left side is stated to radiate to the forearm. There was also a complaint of numbness and tingling in the fingers. The physical examination demonstrated decreased sensation along the median nerve bilaterally and a slight decrease in grip strength bilaterally. No muscular atrophy was noted. Previous diagnostic testing is unknown. Previous treatment includes physical therapy and a left carpal tunnel release. A request had been made for electromyography (EMG) testing of the left and right upper extremity and was denied in the pre-authorization process on July 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has had prior nerve conduction testing of the bilateral upper extremities however the date results of these are unknown. Additionally the California MTUS/ACOEM Guidelines support nerve conduction studies (NCS) in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but electromyography (EMG) is not generally necessary. Considering this, repeat electromyography (EMG) testing of the left and right upper extremity is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has had prior nerve conduction testing of the bilateral upper extremities however the date results of these are unknown. Additionally the California MTUS/ACOEM Guidelines support nerve conduction studies (NCS) in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but electromyography (EMG) is not generally necessary. Considering this, repeat electromyography (EMG) testing of the left and right upper extremity is not medically necessary.