

<b>Case Number:</b>	CM14-0121253		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/05/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Neurology 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 injured worker is a 58-year old female cafeteria worker who sustained an injury to her right shoulder, right wrist, left wrist and right knee on 6/5/2007. The injured worker had a right carpal tunnel release in 2005 and a left carpal tunnel release in 2010. The injured worker noted difficulty in opening jars. The injured worker's physical exam showed Tinel's and Phalen's signs with numbness and thenar atrophy; in addition, the injured worker had decreased sensation of the fingers on both sides, including the 4th (ring finger) and 5th (pinky) digits. The injured worker's physician ordered electromyogram/nerve conduction velocity of the upper extremities on 7/8/2014 due to an increase of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Bilateral Upper Extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 581.

**Decision rationale:** According to ACOEM Guidelines as referenced above, quality electro-diagnostic studies (EDS) are recommended to assist in securing a firm diagnosis for those

patients without a clear diagnosis, to objectively secure a diagnosis of carpal tunnel syndrome prior to surgical release, and to confirm clinical suspicion of ulnar nerve entrapment at the wrist (level I). Since the injured worker had worsening symptoms, and a repeat surgical release could be considered, then repeat EDS (including NCV and EMG) is appropriate. In addition, since the patient had documented numbness in the 4th and 5th digits, EDS is appropriate to rule out an ulnar neuropathy at the wrist, since the 4th and 5th digits are supplied by the ulnar nerve. EMG Bilateral Upper Extremities is medically necessary.

**NCV Bilateral Upper Extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 581.

**Decision rationale:** According to ACOEM Guidelines as referenced above, quality electro-diagnostic studies (EDS) are recommended to assist in securing a firm diagnosis for those patients without a clear diagnosis, to objectively secure a diagnosis of carpal tunnel syndrome prior to surgical release, and to confirm clinical suspicion of ulnar nerve entrapment at the wrist (level I). Since the injured worker had worsening symptoms, and a repeat surgical release could be considered, then repeat EDS (including NCV and EMG) is appropriate. In addition, since the patient had documented numbness in the 4th and 5th digits, EDS is appropriate to rule out an ulnar neuropathy at the wrist, since the 4th and 5th digits are innervated by the ulnar nerve. NCV Bilateral Upper Extremities is medically necessary.