

<b>Case Number:</b>	CM14-0126935		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/29/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

6/11/14 note reports pain and numbness in the bilateral wrists/hands. Examination notes tenderness in the left elbow, forearm, wrist and bilateral hands. There was no change in neurocirculatory examination. 5/28/14 note reports numbness and tingling in the right and left hands. 7/25/12 EMG is reported to show moderate to severe bilateral median sensory neuropathy at the wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) upper extremity, EMG

**Decision rationale:** The medical records report persistent numbness and tingling symptoms in the hands but do not document any focal neurologic changes on examination. ODG supports that Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as

neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records do not document any focal neurologic changes and indicate previous EMG being abnormal, a new EMG is not supported under ODG guidelines. The request is not medically necessary.

**NCS of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -upper extremity, EMG/NCV

**Decision rationale:** The medical records report persistent numbness and tingling symptoms in the hands but do not document any focal neurologic changes on examination. ODG supports that Indications when particularly helpful: EMG/NCV may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. As the medical records do not document any focal neurologic changes and indicate previous EMG/NCV being abnormal, a new NCV is not supported under ODG guidelines. The request is not medically necessary.