

<b>Case Number:</b>	CM14-0151439		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Arizona. 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:

Injured worker is a 30 year old female with a date of injury on 6/8/2013. Subjective complaints are of numbness and pain in both hands and difficulty with repetitive pinching, grasping and pushing. Physical exam showed tenderness over palmar wrists and positive Tinel's and Phalen's sign and decreased sensation over the median nerve distribution. Prior treatment has included chiropractic care for the lumbar region, and injured worker has tried physical therapy and activity modification without significant improvement. Documentation also notes that the injured worker was pregnant, and there was not consideration for surgery in the near future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Electromyography (EMG) of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182, 213, 261 and 269.

**Decision rationale:** ACOEM guidelines suggest Electromyography/Nerve Conduction Velocity (EMG/NCV) as a means of detecting physiologic insult in the upper back and neck. EMG/NCS

can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this injured worker, subjective and objective evidence is consistent with carpal tunnel syndrome, and there is a lack of documentation to support a concern for cervical radiculopathy. Therefore, the request for upper extremity electrodiagnostic studies is not medically necessary at this time.

**Nerve Conduction Study (NCS) of the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179, 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 179, 182, 213, 261 and 269.

**Decision rationale:** ACOEM guidelines suggest Electromyography/Nerve Conduction Velocity (EMG/NCV) as a means of detecting physiologic insult in the upper back and neck. EMG/NCS can also be used to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection, but is not recommended for diagnosis if history, physical, and previous studies are consistent with nerve root involvement. For shoulder complaints ACOEM does not recommend EMG/NCV for evaluation for usual diagnoses. For hand/wrist complaints EMG/NCV is recommended as appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. For this injured worker, subjective and objective evidence is consistent with carpal tunnel syndrome, and there is a lack of documentation to support a concern for cervical radiculopathy. Therefore, the request for upper extremity electrodiagnostic studies is not medically necessary at this time.