

<b>Case Number:</b>	CM14-0159902		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/02/2006
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

This is a 48-year-old man who reports falling from a 17-foot ladder onto his right hand on 10/02/06 and sustained a distal radius fracture for which he had an open reduction and internal fixation procedure. One year later, he had the hardware removed and since that time, began to complain of pain and numbness in his right hand and wrist, worse in the morning. He reported numbness in his 2nd and 3rd digits as well as tingling and stated that he drops things. He also broke his left elbow and forearm. On 3/17/2010 he had a physical examination that revealed positive Tinnel's sign of the right wrist and elbow as well as significant pain and tenderness throughout the wrist and forearm. Additionally he had decreased sensation on the right 2nd and 3rd digits to light touch and was noted to have a weak right grasp. During that office visit, he also had an EMG/NCS that revealed marked slowing of the bilateral sensory and motor median nerve distal latency and nerve conduction velocities as well as evidence of old, recovered injury to the C5-C6 and C7-C8 territories and a scant suggestion of irritation to the left C7-C8 area involving one muscle group. The conclusion was resolved cervical radiculopathy along with marked carpal tunnel median nerve dysfunction involving the bilateral upper extremities. His most recent complete history and physical was performed on 9/5/14 and the patient did not report any symptoms associated with the bilateral upper extremities nor were there any objective findings associated with his bilateral upper extremities on examination. He had an evaluation on 7/24/14 Physical examination on 7/24/14 revealed swelling of the right hand, negative sensitivity in all right hand digits, positive CMC grip test and positive Finkelstein test. Treatments: Surgery: Carpal Tunnel Release, Right wrist s/p open reduction internal fixation, s/p hardware removal, Medications: Gabapentin, Lidocaine patch, Norco, Temazepam, Xanax, Misc procedures: acupuncture, cortisone injections, physical therapy, icing, Electrical Stimulation. Diagnostic studies: MRI, CT, x-ray, EMG/NCS. The UR determination dated 9/11/14 denied the request

given that there is no clear rationale for repeat testing given that nerve conduction studies (NCS) are recommended for patients who are surgical candidates and EMGs are recommended for cases where it is difficult to obtain a diagnosis from an NCS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014, Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): page 238, table 10-6.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. This patient sustained his injury 10/02/06 and since that time has received numerous diagnostic, medical and surgical interventions to include at least one prior documented EMG/NCS on 3/27/10 as well as surgical decompression. The most recent bilateral upper extremity examination documented some improvement in the patient's neurological status, but did not give any indication that his condition has worsened. There is no documentation that identifies a plan for additional surgical interventions. There is no clinical rationale for another EMG/NCS at this time. Therefore, the request for EMG/NCS of the bilateral upper extremities is not medically necessary.