

<b>Case Number:</b>	CM14-0169305		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Texas. 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 56 year old male with a date of injury on 10/4/2010. The injured worker had a slip and fall out of the cab of a truck. Notes from 8/14 indicate a diagnosis of carpal tunnel syndrome. Multiple notes indicating ongoing problems with chronic back and shoulder pain are also provided for review. There is an 8/1/14 note indicating the injured worker was seen for right wrist pain symptoms associated with numbness and tingling. A comment was made that the injured worker had had prior electromyography (EMG) testing. The injured worker also had left wrist pain. The injured worker had bilaterally positive Phalen's sign and recommendation was made for surgery. Subsequent notes from 9/14 indicated that the injured worker had had prior electrodiagnostic testing for the left wrist about 2 years ago. There is a 10/23/14 agreed medical evaluation (AME) report submitted for review. The injured worker was complaining of numbness and tingling in the thumb, index and long fingers. An exam noted positive Tinel's sign.

### 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): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** The injured worker apparently has had prior electrodiagnostic testing in 2012 or thereabouts confirming the diagnosis of carpal tunnel syndrome in the left hand. Ongoing complaints indicate numbness and tingling in the median nerve distribution, with positive Tinel's and Phalen's signs, but strongly suggestive of a diagnosis of carpal tunnel syndrome. Given that the diagnosis appears clear, both subjectively and objectively, and noting the prior testing, there is no indication to repeat the electrodiagnostic testing of the left wrist at this time and the request is not medically necessary.