

<b>Case Number:</b>	CM14-0170481		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of June 25, 2008. A utilization review determination dated September 23, 2014 recommends non-certification for an EMG of both upper extremities. Certification was recommended for bilateral upper extremity NCV. Non-certification for EMG was recommended due to lack of documentation supporting a diagnosis of radiculopathy. The utilization review determination states that the physician assistant had not identified any radiculopathy and agreed to a modified determination recommending certification of NCV only. A progress report dated July 28, 2014 identifies subjective complaints of numbness in the tip of the index and middle fingers of the right hand and numbness, burning, and tingling in the thumb, middle, index, and ring fingers of the left hand. There is also pain in the bilateral wrists especially over the 1st dorsal compartment and Palmer surface. Physical examination findings reveal right sided numbness and tingling in the index and middle finger and positive Phalen's test and Tinel's sign. There is also pain over the 1st dorsal compartment with a positive Finkelstein test. The left-hand reveals numbness, burning, and tingling in the thumb, index, middle, and ring fingers with positive Tinel's and Phalen's test. Diagnoses included bilateral carpal tunnel syndrome, triangular fibrocartilage complex tear, de Quervain's tenosynovitis, and extensor tenosynovitis. The treatment plan recommends MRIs of both wrists and bilateral upper extremity EMG's to assess for carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the Left Upper Extremity, Electromyography (EMG) of the Right Upper Extremity: 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 8 Neck and Upper Back Complaints Page(s): 178-182. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

**Decision rationale:** Regarding the request for EMG of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are no recent subjective complaints or physical examination findings identifying subtle focal neurologic deficits in a radicular distribution. In the absence of such documentation, the currently requested EMG of bilateral upper extremities is not medically necessary.