MAXIMUS Federal Services

| Case Number: | CM14-0171523 | | |
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| Date Assigned: | 10/23/2014 | Date of Injury: | 05/15/2013 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/16/2014 |

## 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 Orthopedic Surgeon 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:

This is a 52-year-old right handed female who sustained an injury to her left upper extremity on 5/15/2013 when a sofa weighing approximately 250 pounds fell on her right hand. She was initially diagnosed as right shoulder pain, right elbow pain, pain and numbness in her right hand, and pain in the cervical spine. She was initially treated with medication and 6 sessions of physical therapy. Because of continuing complaints she was referred to an orthopedic surgeon who felt the patient had cervical degenerative disc disease, right shoulder impingement syndrome, right medial epicondylitis, and probable right carpal tunnel syndrome. The orthopedic examination dated 2/12/2014, describes a positive Phalen sign, a positive Tinel's sign, and a positive carpal compression test. The patient had EMG and nerve conduction studies of both upper extremities on 8/15/2013 and they were considered normal. On 5/30/2014, the patient went underwent arthroscopic surgery of her right shoulder with subacromial decompression and a cortisone injection into her right carpal tunnel. A follow-up note of 6/11/2014 states shoulder incision is well-healed, right hand and wrist exam reveals full range of motion and normal sensation with no tenderness or swelling. A follow-up note of 8/13/2014 states the patient is complaining of tenderness in her hand, elbow, and shoulder and is requesting a prescription for pain medicine. The hand shows a positive Tinel, positive carpal compression test, and a positive Phalen test. The follow-up examination dated 9/10/2014 states the patient is complaining of right elbow pain and pain numbness and tingling that is increased since her last evaluation. The patient had a positive Tinel of the cubital tunnel and continues to have a positive Tinel, Phalen, and carpal compression test at the wrist. Because the symptoms appear to be getting worse and the patient has a Tinel at the cubital tunnel, a request is made for repeat NCV/EMG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV rIght upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

**Decision rationale:** The ACOEM guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of carpal tunnel syndrome but may be normal in early or mild cases of carpal tunnel syndrome; test may be repeated later in the course of treatment if symptoms persist. This patient had symptoms suggestive of carpal tunnel syndrome before her cortisone injection. After the injection, she had initial relief of her hand symptoms but they returned after a few months and continued to get worse. In addition, she is now having symptoms suggestive of ulnar nerve entrapment. Since signs and symptoms of carpal tunnel syndrome were present initially and then relieved temporarily by a cortisone injection only to recur after a couple of months, it appears that the necessity for a repeat nerve conduction studies have been established. The request is medically necessary.

**EMG right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel syndrome, Electromyography

**Decision rationale:** Both the ACOEM and the O DG recommend electromyography only in cases where diagnosis is difficult with nerve conduction studies. The initial EMG study was considered normal but now there are 2 nerves that seem to be causing symptoms. This may be related to an early polyneuropathy of the demyelinating or axonal type in which an EMG would be helpful in making the diagnosis. With 2 nerves involved, this does not appear to be a straightforward condition of median and/or ulnar neuropathy. Therefore, given that there may be 2 nerves involved which can suggest an early polyneuropathy, the medical necessity for EMG has been established. The request is also medically necessary.