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| <b>Case Number:</b>   | CM14-0177512 |                              |            |
| <b>Date Assigned:</b> | 10/30/2014   | <b>Date of Injury:</b>       | 08/24/2014 |
| <b>Decision Date:</b> | 12/08/2014   | <b>UR Denial Date:</b>       | 10/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### 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 Practice 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 62-year-old female claimant who sustained a work injury on August 23, 2014 involving the shoulders and upper extremity. She was diagnosed with epicondylitis in carpal tunnel syndrome in right upper extremity. She had undergone therapy and was offered trigger point injections. The progress note on October 10, 2014 indicated the claimant had numbness and going in the right forearm and shoulder region. Exam findings were notable for the normal cervical spine exam without radicular pain. She had full range of motion of the elbow hand at the wrist. There was a good grip strength as well as flexion and extension in the elbow. Her ulnar groove was positive. There was a positive Tinel and Phalen sign over the right wrist. The physician is requesting an EMG and nerve conduction study for persistent numbness in the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of Right Upper Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers compensation Online Edition Chapter, Carpal Tunnel Syndrome: Nerve Conduction Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the guidelines a nerve conduction velocity study is not recommended for diagnosis of nerve entrapment for screening in patients without symptoms. It is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. In this case the claimant had symptoms and ulnar impingement findings. A nerve conduction study is appropriate and medically necessary.

**EMG of Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers compensation Online Edition Chapter, Carpal Tunnel Syndrome: Electromyography

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm and wrist complaints Page(s): 272.

**Decision rationale:** According to the guidelines an EMG is not recommended for diagnostic evaluation of nerve entrapment. As noted above a nerve conduction study is appropriate to aid in detection of neurologic abnormalities in this claimant's right upper extremity. An EMG is not medically necessary.