

<b>Case Number:</b>	CM14-0177912		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/17/2014
<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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 06/09/2008. The date of the utilization review under appeal is 10/17/2014. The patient's diagnoses include status post right carpal tunnel release in March 2010, neck pain, right shoulder pain with an intact rotator cuff labrum on an MRI of July 2012, right wrist pain, history of a non-industrial lumbar discectomy with spur removal, and a non-industrial peripheral neuropathy in both feet. The patient was seen in primary treating physician follow-up on 10/02/2014 by her primary care physical rehabilitation physician. The patient reported that she had recently noted that her right third finger would feel "fat" as if there was some numbness and tingling associated with it. On exam she could put her right palm flat on the table. She had some slight difficulty making a fist with her right hand. Phalen's test was equivocal on the right and negative on the left but the rest of the examination was unchanged. The treating physician requested updated electrodiagnostic studies, noting the patient has a history of a carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV (electromyogram and nerve conduction studies), for the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome, Electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM Guidelines, chapter 8/neck, page 178, recommend electrodiagnostic studies to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms. In this case, the medical records do not outline any objective change in the patient's neurological examination. This patient has a history of a prior carpal tunnel release, and thus it could be anticipated that the patient may have some degree of abnormalities on electrodiagnostic studies long term even if she improved clinically from the procedure. It is unclear at this time what the differential diagnosis would be for the requested electrodiagnostic studies, and it is unclear how this would be proposed to impact the patient's treating diagnosis and treatment plan. Therefore, at this time neither the medical records nor the guidelines provide a rationale or indication to support repeat electrodiagnostic studies. This request is not medically necessary.