

<b>Case Number:</b>	CM14-0023853		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 injured worker is a 63-year-old female who reported an injury on 02/03/2012. The mechanism of injury was not provided. The clinical note dated 01/09/2014 noted the injured worker presented with complaints of pain in the bilateral hands/wrists with numbness and tingling in the wrists and fingers, worse at night. Prior treatment included home exercise. Examination of the bilateral wrists revealed tenderness in the right extensor digitorum communis, flexor carpi radialis, flexor digitorum superficialis, and carpometacarpal joint and thumb joint. In the left, there was tenderness in the flexor carpi radialis and carpometacarpal joint. There was a positive Tinel's sign and a faint positive Phalen's sign and full range of motion of the bilateral wrists and fingers. Examination of the right elbow revealed tenderness in the upper lateral condyle with positive Tinel's in the ulnar nerve with full range of motion. Sensory examination of the bilateral upper extremities was decreased with numbness and tingling in all digits. The diagnoses were right index finger stenosis, tenosynovitis, right greater than left carpal tunnel syndrome, per EMG/NCV study of 07/08/2012, right elbow lateral epicondylitis, and right elbow cubital tunnel syndrome mild. The provider recommended an EMG of the left upper extremity and an EMG of the right upper extremity, the provider's rationale was not included. The request for authorization was not included in the documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 1/20/14) Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The CA MTUS/ACOEM Guidelines state that an EMG is recommended in cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. Special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most injured workers improve quickly, provided red flag conditions are ruled out. The injured worker underwent an EMG/NCV in 2012; however, there was no clinical evidence of a change in condition to support a repeat EMG/NCV. The included medical documents lack evidence of a failure to respond to conservative treatment which would include medication and physical medicine. As such, the request is not medically necessary.

**EMG LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 1/20/14) Electromyography (EMG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The CA MTUS/ACOEM Guidelines state that an EMG is recommended in cases of peripheral nerve impingement if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. Special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most injured workers improve quickly, provided red flag conditions are ruled out. The injured worker underwent an EMG/NCV in 2012; however, there was no clinical evidence of a change in condition to support a repeat EMG/NCV. The included medical documents lack evidence of a failure to respond to conservative treatment which would include medication and physical medicine. As such, the request is not medically necessary.