

<b>Case Number:</b>	CM14-0026258		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Neurology 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 48 year-old right-hand dominant male who was injured on 3/25/2013 while carrying a heavy container in his right hand when he lost his footing. The container spun, causing his right upper extremity to twist in a forced external rotation with eccentric force. The resulting pain in his right shoulder/arm, right elbow/forearm and right wrist/hand were treated conservatively with activity modification, physical therapies, splinting, and medications (including a right carpal tunnel injection). Documentation indicates that right upper extremity EMG/NCV study was conducted 5/2013, warranting a right carpal tunnel and right ulnar release surgery on 7/23/2013. Reports indicate that surgery and post-operative therapy gave partial relief of pain symptoms. Since completion of therapy, the injured worker has maintained pain complaints in the right shoulder, wrist, and elbow, requiring additional injections (right shoulder subacromial and right dorsal compartment injections) and additional splinting of thumb and wrist for pain control and improvement of function. X-ray studies of shoulder, elbow and wrist indicate no degenerative changes or deformity show no evidence of osteonecrosis, calcifications or acute fractures. Recent clinical findings are reported in an exam dated 1/9/2013: Right elbow/forearm - positive FDS resistive maneuver with antecubital pain, resistive extension to middle finger (Maudsley's test) with negative ulnar and upper, median and radial nerve, Tinel's signs and good reflexes, strength and ROM noted; Right wrist/hand - full strength, range of motion in all planes tested, normal motor functioning but positive Tinel, Phalen's, Finkelstein's and carpal tunnel compression tests. With regard to these positive clinical findings, previous post-surgery progress reports indicate that such tests were either negative (e.g., Finkelstein's test) or were not documented. The Qualified Medical Examiner reports that the Injured Workers pain symptomology continues to considerably affect basic functioning of the hand and activities of daily living. Therapeutic goals are not being met. The Injured Worker reports not being able to

return to work due to his physical limitations. Current diagnoses are right shoulder impingement syndrome; right cubital tunnel syndrome status post ulnar nerve release, right strain/prain elbow; right DeQuervains and right carpal tunnel syndrome status post carpal tunnel release. A request for a right upper extremity EMG and NCV test was submitted on 1/9/2014 and subsequently denied on 1/24/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ELECTROMYOGRAM (EMG) OF THE RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262; 270.

**Decision rationale:** The Injured Worker has status post ulnar decompression and carpal tunnel release. Symptomology persists or has re-emerged since the surgery on 7/23/2013 and has failed to be relieved by conservative post-surgical therapies. The clinical examination yields equivocal results with regard to hand, wrist, forearm symptoms, pain complaints and further diagnostics are warranted to develop an appropriate treatment plan. The MTUS' incorporated ACOEM Guidelines recommend appropriate electrodiagnostic studies (EMG and NCV) to help differentiate between carpal tunnel syndrome and other conditions. Further EMG/NCV studies are necessary to determine if additional surgery is warranted or not based upon the possibility that an incomplete decompression has resulted in the recurrence of symptoms. For all practical purposes, NCV studies are conducted as a component test of the EMG protocol, and approval for one indicates approval for both therefore, EMG of the right upper extremity is medically necessary.

#### **NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262, 270.

**Decision rationale:** The Injured Worker has status post ulnar decompression and carpal tunnel release. Symptomology persists or has re-emerged since the surgery on 7/23/2013 and has failed to be relieved by conservative post-surgical therapies. The clinical examination yields equivocal results with regard to hand, wrist, forearm symptoms, pain complaints and further diagnostics are warranted to develop an appropriate treatment plan. The MTUS' incorporated ACOEM Guidelines recommend appropriate electrodiagnostic studies (EMG and NCV) to help differentiate between carpal tunnel syndrome and other conditions. Further, EMG/NCV studies

are necessary to determine if additional surgery is warranted or not based upon the possibility that an incomplete decompression has resulted in the recurrence of symptoms. For all practical purposes, NCV studies are conducted as a component test of the EMG protocol, and approval for one indicates approval for both therefore, NCV of the right upper extremity is medically necessary.