

<b>Case Number:</b>	CM14-0026431		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational Medicine 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 applicant has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of July 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; extracorporeal shock wave therapy; and extensive periods of time off of work. A May 24, 2014 progress note is notable for comments that the applicant was off of work, on total temporary disability. The applicant was also depressed. The applicant was having intermittent complaints of shoulder, elbow, forearm, low back, and upper back pain. It was stated that the applicant did not want any kind of surgery at this point in time. Decreased grip strength is noted about the right upper extremity. The applicant was described as having carpal tunnel syndrome on nerve conduction testing on November 14, 2013. The applicant was placed off of work, and asked to obtain a functional capacity evaluation, 12 sessions of physical therapy, and a home exercise kit. It appears that the EMG-NCS and extracorporeal shock wave therapy were requested on January 20, 2014, at which point it did not appear that the applicant's current primary treating provider (PTP) had access to the previous electrodiagnostic testing report. The applicant was described as having persistent complaints of upper back pain radiating to the right shoulder, elbow, arm, wrist, and hand with associated numbness and tingling.

### 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 8 Neck and Upper Back Complaints Page(s): 177,178 and chapter 11 pg. 269.

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

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261 do acknowledge that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy, and further acknowledge that electrodiagnostic testing may be repeated later in the course of treatment if earlier testing is negative, in this case, however, the applicant had positive electrodiagnostic testing of the right upper extremity in November 2013, which reportedly definitively established a diagnosis of carpal tunnel syndrome. It is unclear why repeat testing is being sought if earlier testing was, in fact, positive, and established the diagnosis in question. Therefore, the request is not medically necessary.

**NCV Right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178 and chapter 11 pg. 269.

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

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261 do support repetition of electrodiagnostic testing later in the course of treatment in applicants in whom initial testing is negative and symptoms persist. In this case, however, the applicant had positive nerve conduction testing in November 2013 which reportedly established the diagnosis in question of carpal tunnel syndrome. No compelling case has been made for repeat testing in the face of earlier positive testing. Therefore, the request is not medically necessary.