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| **Case Number:** | CM14-0032727 | | |
| **Date Assigned:** | 06/20/2014 | **Date of Injury:** | 06/20/2013 |
| **Decision Date:** | 07/18/2014 | **UR Denial Date:** | 02/25/2014 |
| **Priority:** | Standard | **Application Received:** | 03/14/2014 |

## 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 has a subspecialty in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 47 year old male who reported an injury on 06 /20/2013 of an unknown mechanism of injury. The injured worker had a history of left shoulder pain, left hand pain and four left digits. The pain is a 6/10 to the left shoulder and 5-6/10 to the top of left hand and four digits. The injured worker's physical examination reveals shoulder with active abduction of 0-180 degrees to the right and 0-170 degrees to the left, forward flexion is 0-180degrees to the right and 30 degrees to the left, extension is 40 degrees the right and 30 degrees to the left. The wrist and hand reveal limited range of motion with flexion 45 degrees to the right and 25 degrees to the left, extension to the right are 45 degrees and 45 degrees to the left. The injured worker had a diagnosis of left shoulder bursitis/tendonitis, impingement syndrome, denervation injury left median, ulnar and radial nerves with atrophy of the left forearm, both volar and dorsal, status post degloving open fracture of the left wrist and hand, status post open reduction and internal fixation of the left wrist fracture and repair. The medications include gabapentin 300mg 2 tablets a day and hydrocodone 5mg two tablets a day. The diagnostics dated 11/2013 include electromyogram and a nerve conduction study. The injured worker's treatment plan includes continue physical therapy and home exercise. The authorization form dated 06/20/2014 was submitted with the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 534.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of carpal tunnel syndrome but may be normal in early or mild cases of carpal tunnel syndrome. If the electromyogram is negative, tests may be repeated later in the course of treatment if symptoms persist. The documentation provided was not evident of any significant changes in clinical presentation or diagnosis of possible carpal tunnel syndrome to warrant a repeat electromyogram. As such the request for an electromyography of the bilateral upper extremities is not medically necessary and appropriate.

**Nerve Conduction Velocity Test (NCV) of Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 534.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

**Decision rationale:** The request for Nerve conduction velocity test of the bilateral upper extremities is non-certified. The California MTUS/ACOEM Guidelines recommend appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of carpal tunnel syndrome but may be normal in early or mild cases of carpal tunnel syndrome. If the electromyograms are negative, tests may be repeated later in the course of treatment if symptoms persist. The documentation provided was not evident of any significant changes in clinical presentation or diagnosis of possible carpal tunnel syndrome to warrant a repeat nerve conduction velocity test. As such the request for a nerve conduction velocity test is non-certified.