

<b>Case Number:</b>	CM14-0033452		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Orthopedic Surgery 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 59-year-old female who was reportedly injured on January 15, 2008 the mechanism of injury is noted as cumulative trauma. The most recent progress note, dated March 25, 2014, indicates that there are ongoing complaints of head pain, neck pain, bilateral shoulder pain, bilateral wrist/hand pain, left middle finger pain, left knee pain, and left foot pain. The physical examination demonstrated decreased ability to squat and walk on the heels due to left knee and left foot pain. There was decreased cervical spine range of motion and diffuse tenderness along the cervical spine. There was also decreased left and right shoulder range of motion and shoulder strength of 4/5. Sensation was noted to be decreased in the first three digits of both hands. There was a positive Tinel's and Phalen's test bilaterally. Examination of the left knee noted swelling and diffuse tenderness. There was a normal lower extremity neurological examination. Previous treatment includes a cortisone injection for the right hand, a right sided carpal tunnel release, a left sided carpal tunnel release, postoperative physical therapy, and chiropractic care. Current medications were stated to include Motrin, Felodipine, and Voltaren gel. A request was made for upper extremity EMG/NCV studies and was not certified in the pre-authorization process on February 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral upper extremities:** Overturned

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

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

**Decision rationale:** The previous utilization management review dated February 19, 2014, did not certify a request for EMG/NCV studies of the bilateral upper extremities stating there were no documented objective or equivocal neurological signs. The physical examination dated March 25, 2014, does indeed note positive Tinel's and Phalen's tests of the bilateral wrists but no apparent evidence of a cervical radiculopathy. Although the injured employee has previously had carpal tunnel release surgery on each wrist there are still physical examination signs of carpal tunnel syndrome. This request for EMG/NCV studies of the bilateral upper extremities is medically necessary.

**NCV of the bilateral upper extremities:** Overturned

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

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

**Decision rationale:** The previous utilization management review dated February 19, 2014, did not certify a request for EMG/NCV studies of the bilateral upper extremities stating there were no documented objective or equivocal neurological signs. The physical examination dated March 25, 2014, does indeed note positive Tinel's and Phalen's tests of the bilateral wrists but no apparent evidence of a cervical radiculopathy. Although the injured employee has previously had carpal tunnel release surgery on each wrist there are still physical examination signs of carpal tunnel syndrome. This request for EMG/NCV studies of the bilateral upper extremities is medically necessary.