

<b>Case Number:</b>	CM14-0040566		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Illinois. 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 61-year-old female who reported an injury on November 2, 2013. The mechanism of injury was a slip and fall. The diagnoses included displaced fracture right proximal humerus, healed; complex regional pain syndrome, right upper extremity; and carpal tunnel syndrome of the right hand. Previous diagnostic studies include x-rays performed on February 25, 2014 and an electromyogram study performed on March 12, 2014. Prior treatment included medications, rest and physical therapy. Within the clinical note dated 06/06/2014 it was reported the injured worker complained of right shoulder pain and stiffness, as well as pain, swelling, and stiffness of the right hand with occasional paresthesia. Upon the physical examination of the right shoulder, the provider indicated the injured worker had 90 degrees of flexion and 85 degrees of abduction. He indicated there was pain with range of motion of the right shoulder. Upon examination of the right elbow there was full range of motion with no tenderness to palpation. The right hand and wrist had mild swelling of the fingers, hand, and wrist. There was dysesthesias of the hand and distal forearm. There was restricted range of motion of all 5 fingers and the wrist. Phalen's test was mildly positive. Carpal tunnel compression test was mildly positive. The provider requested for an electromyography of the upper extremities and one nerve conduction of the upper extremity. However, a rationale was not provided for review. The request for authorization form was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One electromyography (EMG) of the upper extremity's:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The injured worker complained of right shoulder pain and stiffness as well as pain, swelling, and stiffness of the right hand with occasional paresthesia. The Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommend an electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within four to six hours, electrical studies may be indicated. There is a lack of medical documentation with evidence of muscle weakness and numbness symptoms that would indicate peripheral nerve impingement. There is a lack of significant neurological deficits, such as decreased sensation or motor strength in specific dermatomal or myotomal distributions. The injured worker had recently undergone an EMG in March of 2014 which revealed carpal tunnel. Therefore, the medical necessity for an additional electromyography at this time is not warranted. The request for one EMG of the upper extremities is not medically necessary or appropriate.

**One Nerve Conduction Velocity (NCV) of the upper extremity's:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, Nerve conduction studies (NCS).

**Decision rationale:** The injured worker complained of right shoulder pain and stiffness as well as pain, swelling, and stiffness of the right hand with occasional paresthesia. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommend nerve conduction velocity studies to clarify the diagnosis of carpal tunnel syndrome. However, the Official Disability Guidelines do not recommend a nerve conduction study to demonstrate radiculopathy if radiculopathy has already been clearly identified by an electromyography and obvious clinical signs, but recommended if the EMG is not clear of radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathy or non-neuropathic process if other diagnoses may be likely based on the clinical exam. The clinical documentation submitted indicated the injured worker had dysesthesias of the hand and distal forearm. The clinical documentation submitted indicated the injured worker to have carpal tunnel syndrome. Therefore, the medical necessity is not warranted for a nerve conduction study to confirm the diagnosis of carpal tunnel. The request for one NCV of the upper extremities is not medically necessary or appropriate.