

<b>Case Number:</b>	CM14-0041500		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Nevada. 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 records presented for review indicate that this 28-year-old male was reportedly injured on December 16, 2013. The mechanism of injury is listed as gradual onset of pain in the upper extremities while working on a computer. The most recent progress note, dated February 14, 2014, indicates that there are ongoing complaints of upper extremity pain radiating to the elbow, hand, and fingers. Current medications include cyclobenzaprine. The physical examination demonstrated a normal upper Chamonix physical and neurological examination. Diagnostic imaging radiographs of the left-hand were normal. A request had been made for electrodiagnostic studies (EMG and NCV) of the bilateral upper extremities and was not deemed not medically necessary in the pre-authorization process on March 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Forearm, Wrist & Hand; Electrodiagnostic studies and Chapter: Carpal Tunnel Syndrome: electromyography.

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

**Decision rationale:** The ACOEM Guidelines support nerve conduction studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but EMG is not generally necessary. After review of the available medical records, it is not documented that the injured employee has failed conservative treatment and steroid injections. Furthermore there was a normal neurological examination. For these reasons this request for EMG testing of the left upper extremity is not medically necessary.

**EMG of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Forearm, Wrist & Hand; Electrodiagnostic studies and Chapter: Carpal Tunnel Syndrome: electromyography.

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

**Decision rationale:** The ACOEM Guidelines support nerve conduction studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but EMG is not generally necessary. After review of the available medical records, it is not documented that the injured employee has failed conservative treatment and steroid injections. Furthermore there was a normal neurological examination. For these reasons this request for EMG testing of the right upper extremity is not medically necessary.

**NCV of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Forearm, Wrist & Hand; Electrodiagnostic studies and Chapter: Carpal Tunnel Syndrome: Electromyography.

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

**Decision rationale:** The ACOEM Guidelines support nerve conduction studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but EMG is not generally necessary. After review of the available medical records, it is not documented that the injured employee has failed conservative treatment and steroid injections. Furthermore there was a normal neurological examination. For these reasons this request for NCV testing of the right upper extremity is not medically necessary.

**NCV of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability

Guidelines, Chapter: Forearm, Wrist & Hand; Electrodiagnostic studies and Chapter: Carpal Tunnel Syndrome: electromyography.

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

**Decision rationale:** The ACOEM Guidelines support nerve conduction studies in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but EMG is not generally necessary. After review of the available medical records, it is not documented that the injured employee has failed conservative treatment and steroid injections. Furthermore there was a normal neurological examination. For these reasons this request for NCV testing of the left upper extremity is not medically necessary.