

<b>Case Number:</b>	CM14-0073353		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 New York. 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 patient is a 59-year-old male who was injured at work. The patient complains of chronic right hand pain, and reports that medications help reduce the pain by 40%. The patient had carpal tunnel release and decreased pain surgery. He's also had arthroscopic triangular fibrocartilage complex (TFCC) repair. He continues to remain symptomatic with pain. He had an EMG which shows a positive right ulnar mononeuropathy. He is negative for carpal tunnel syndrome, cervical radiculopathy or productive peripheral neuropathy. The patient continues to have chronic pain. At issue is whether an EMG of the upper arm is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines shoulder and elbow.

**Decision rationale:** This patient does not meet the established criteria for an EMG of the upper extremities. The physical examination does not document any significant neurologic deficit.

There is no documentation of atrophy. The patient had previous extensive upper extremity surgery to include carpal tunnel release, and TFCC release. There is no documentation of physical exam evidence of neural compression in the upper extremity. Physical examination findings do not support the need for additional EMG testing of the upper extremities. As such, additional EMG testing at this time is not medically necessary.