

<b>Case Number:</b>	CM14-0074522		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 63 year old female was reportedly injured on March 1, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated March 6, 2014, indicates that there are ongoing complaints of tingling in the right hand at both the radial and ulnar side. The physical examination demonstrated pain over the pisiform and a pisotriquetral grind test produces pain, no intrinsic muscle wasting, positive Phalen's test, and Durkins test of the right hand. Diagnostic imaging studies of the right wrist noted a history of ulnar shortening. Previous treatment includes a right hand/wrist surgery. A request was made for electromyogram (EMG) testing of the left and right upper extremity as well as nerve conduction velocity (NCV) testing of the left upper extremity and was non-certified in the preauthorization process on May 1st, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG) 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, Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines support electromyogram (EMG) and nerve conduction velocity (NCV) testing 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, the injured employee has carpal tunnel symptoms however there is no documentation regarding prior treatment to include prior surgery specifically treating carpal tunnel syndrome. Considering this, this request for EMG testing of the bilateral upper extremities is not medically necessary.

**Electromyogram (EMG) 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, Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) /ACOEM Guidelines support electromyogram (EMG) and nerve conduction velocity (NCV) testing 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, the injured employee has carpal tunnel symptoms however there is no documentation regarding prior treatment to include prior surgery specifically treating carpal tunnel syndrome. Considering this, this request for EMG testing of the bilateral upper extremities is not medically necessary.

**Nerve Conductive Velocity (NVC) 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, Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) guidelines support electromyogram (EMG) and nerve conduction velocity (NCV) testing 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, the injured employee has carpal tunnel symptoms however there is no documentation regarding prior treatment to include prior surgery specifically treating carpal tunnel syndrome. Considering this, this request for NCV studies of the left upper extremity is not medically necessary.