

<b>Case Number:</b>	CM14-0080127		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, and paresthesia reportedly associated with an industrial injury of May 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the left wrist, undated, reportedly notable for probably partial triangular fibrocartilage tear, per the claims administrator; electrodiagnostic testing of January 9, 2013, notable for mild right median sensory neuropathy; a left shoulder arthroscopy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 23, 2014, the claims administrator partially certified a request for electrodiagnostic testing of the bilateral upper extremities as NCV testing of the left upper extremity alone. On February 26, 2014, the applicant was described as having persistent complaints of left shoulder, left elbow, left hand, left wrist, neck, upper back, right hand, right wrist pain ranging anywhere from 5-10/10. The applicant's medical-legal evaluator had recommended left carpal tunnel release surgery, it was stated. Diminished light touch sensation was noted about the bilateral hands. Naproxen, Prilosec, home exercise, and total temporary disability were endorsed. The applicant had an established diagnosis of right carpal tunnel syndrome, it was stated. In a medical-legal evaluation of February 18, 2014, it was acknowledged that the applicant was off of work. The applicant had bilateral upper extremity pain complaints, it was noted, did exhibit some diminished muscle strength about the left biceps. Mild diminished sensorium was noted about the bilateral hands in the median nerve distribution, it was stated. The medical-legal evaluator suggested that the applicant pursue a carpal tunnel release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) Studies of the (Left) bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11,269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome last updated 2/20/14.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, the applicant has bilateral upper extremity pain complaints, with some hypo sensorium appreciated on exam. Both bilateral upper extremity carpal tunnel syndrome and/or bilateral cervical radiculopathy are, thus, on the differential diagnosis. The EMG testing in question can help to differentiate between the two considerations. Therefore, the request is medically necessary.

**NCV (Nerve Conduction Velocity) Studies of the (Left) Bilateral Upper Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11, 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Summary last updated 2/20/14.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other possible considerations, such as cervical radiculopathy. In this case, given the widespread nature of the applicant's bilateral upper extremity complaints, nerve conduction testing of the bilateral upper extremities can play a role in helping to distinguish between several diagnostic considerations. Therefore, the request is medically necessary.