

<b>Case Number:</b>	CM14-0094026		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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, wrist pain, and bilateral upper extremity pain reportedly associated with an industrial injury of May 1, 1959. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and earlier right-sided carpal tunnel release surgery. In a Utilization Review Report dated June 4, 2014, the claims administrator partially certified a request for electrodiagnostic testing of the bilateral upper extremities as electrodiagnostic testing of the right upper extremity alone on the grounds that the applicant is reportedly asymptomatic in so far as the left upper extremity was concerned. In a progress note dated March 11, 2014, the applicant was given diagnosis of right carpal tunnel syndrome status post carpal tunnel release surgery with residuals, right medial epicondylitis, possible right intercarpal ligament tear, right shoulder subacromial impingement syndrome, abdominal pain, depression, anxiety, and sleep disturbance. Electrodiagnostic testing of the bilateral upper extremities along with MRI imaging of the right shoulder, right elbow, and right hand were sought. Portions of the note appeared to have been truncated. The applicant did exhibit a well-healed right-sided carpal tunnel incision with tenderness about the right elbow lateral epicondyle and tenderness noted about the right wrist. Negative Tinel and Phalen signs were noted about the bilateral wrists. 5/5 bilateral upper extremity strength was appreciated. The March 11, 2014 progress note seemingly suggested that applicant's pain complaints were confined to symptomatic right hand and right wrist. There was no mention of any left upper extremity paresthesias, dysesthesias, etc. In an April 22, 2014 note, the applicant's subjective complaints were not clearly elaborated upon. It was not clearly stated whether or not the applicant had any symptoms about the left hand and/or left wrist. On March 27, 2014, the applicant was placed off of work, on total temporary disability. Constant upper back, right

shoulder, and right arm pain were noted. In a handwritten note dated May 8, 2014, the applicant reported moderate right shoulder pain, constantly, radiating into the right arm and wrist. The applicant was again placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG (Electromyography) of bilateral upper extremities: 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 EMG/NCV ,Subsection CTS/Forearm/Wrist/Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-7, page 272.

**Decision rationale:** The applicant's symptoms are seemingly confined to the symptomatic right hand, right shoulder, and right upper extremity. The applicant does not have any clearly documented symptoms involving the asymptomatic, contralateral left upper extremity. The EMG testing of the bilateral upper extremities being sought here, by definition, would involve testing of the asymptomatic left upper extremity. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, table 11-7, page 272, routine use of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is "not recommended." Since the testing in question would, by definition, involve testing of the asymptomatic left upper extremity, the request cannot be supported, per ACOEM. Accordingly, the request is not medically necessary.

#### **Nerve Conduction Study (NCS) of bilateral upper extremities: 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 EMG/NCV ,Subsection CTS/Forearm/Wrist/Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-7, page 272.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, table 11-7, page 272, routine usage of NCV testing in the evaluation of applicants without symptoms is "not recommended." In this case, the applicant is seemingly asymptomatic in so far as the left upper extremity is concerned. Nerve conduction testing of the bilateral upper extremities, thus, would, by definition, involve testing of the asymptomatic left upper extremity. This is not recommended, per ACOEM. Accordingly, the request is not medically necessary.