

<b>Case Number:</b>	CM14-0094982		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 46 year old female injured on September 21, 2012 due to repetitive job duties. The most recent progress note from primary treating physician, dated June 02, 2014, indicates the injured worker complains of pain to bilateral wrists, hands, and fingers. The injured worker continues to note mild numbness in thumbs, index, and middle fingers of both hands, as well as numbness and tingling in the bilateral upper extremities. The injured worker has pain in wrists with resting and active range of motion. Physical exam of bilateral wrists and thumbs reveal tenderness upon palpation over the volar aspect, flexor carpi radialis, flexor digitorum superficialis, median nerve and flexor carpi ulnaris tendons. Positive Phalen's and Tinel's test over the median nerve. Limited range of motion in all fingers of both hands. Sensory exam shows decreased sensation to the bilateral thumbs, bilateral index, and bilateral middle fingers. Diagnoses include right carpal tunnel syndrome, moderate, per electrodiagnostic studies (EMG/NCV), dated August 23, 2012; left carpal tunnel syndrome, electrodiagnostically negative per electrodiagnostic studies (EMG/NCV), dated, September 10, 2012; right thumb carpometacarpal joint arthritis; left thumb carpometacarpal joint arthritis; right wrist dorsal ganglion cyst; right wrist tenosynovitis of the flexor digitorum sublimis tendons of all fingers; and left wrist flexor tenosynovitis of the flexor digitorum sublimis tendons of all fingers. The previous utilization review, dated June 12, 2014, modified request for EMG and NCV of the bilateral upper extremities to one NCV of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): PAGE 261. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, EMG.

**Decision rationale:** The claimant has had previous Electromyography (EMG)/Nerve Conduction Velocity (NCV) Aug 23, 2013 that reveals Carpal Tunnel Syndrome (CTS) with no electrodiagnostic evidence of any radiculopathy or neuropathy. The clinical exam remains suggestive of clinical CTS. Therefore repeat EMG is not medically necessary.

**NCV OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): PAGE 261. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, NCV.

**Decision rationale:** The previous Nerve Conduction Velocity (NCV) of 8/23/13 revealed Right median neuropathy but not Left. The claimant remains symptomatic such that verification repeat NCV of the bilateral upper extremities is reasonable and necessary. This is in keeping with ODG recommendation and should be considered medically necessary.