

<b>Case Number:</b>	CM14-0095403		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/18/2014
<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 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 51-year-old female was reportedly injured on May 31, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note is a therapy note dated June 11, 2014, indicates that there are ongoing complaints of numbness and tingling in the radial three digits of the left-hand. The physical examination noted a positive Tinel's test at the median nerve of the left wrist and that sensation and motor strength was otherwise intact bilaterally. Diagnostic imaging studies of the left wrist revealed mild degenerative changes in a tiny ganglion cyst at the dorsum. Previous treatment includes a right-sided ulnar nerve decompression and medial epicondylectomy, occupational therapy and acupuncture. A request had been made for EMG and NCV studies of the bilateral upper extremities and additional occupational therapy three times a week for four weeks for the right upper extremity and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) / Nerve Conduction Velocity (NCV) bilateral upper extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** The ACOEM Guidelines support nerve conduction study (NCS) in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery, but electromyography (EMG) is not generally necessary. After review of the available medical records, the injured employee has a diagnosis of carpal tunnel syndrome however there is no documentation of failed conservative treatment for this condition at the left wrist. Additionally it was stated that right-sided nerve conduction studies were needed for comparison to the left side however the right side is in a postoperative period from recent ulnar nerve surgery. For these multiple reasons, the request for EMG and NCV studies of the bilateral upper extremities is not medically necessary.

**Continue Occupational Therapy to Right Upper Extremity 3x4 Qty 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has participated in 32 visits of occupational therapy for the elbow resulting in less pain and stiffness. The California MTUS recommends 20 visits of therapy for postsurgical treatment of cubital tunnel syndrome. As such, this request for additional occupational therapy for the right upper extremity three times a week for four weeks is not medically necessary.