

<b>Case Number:</b>	CM14-0095437		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<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 Illinois. 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 61-year-old female who reported an injury on 04/22/2013. The mechanism of injury was noted to be poor ergonomics of the work station. The injured worker's diagnoses were noted to be Carpal Tunnel Syndrome and De Quervain's Tenosynovitis. The injured worker's prior treatments were noted to be physical therapy, occupational therapy, work hardening program, home exercise program, night splints, and medications. The injured worker's diagnostic history included an EMG and NCV. The injured worker had a clinical evaluation on 06/03/2014. It was noted in a Primary Treating Physician's Progress Report that her subjective complaints were ongoing bilateral wrist and hand pain with associated numbness and tingling into the right thumb, index, and middle fingers. The injured worker currently takes Naproxen once a day for pain relief. The objective findings included 4/5 weakness of bilateral finger and thumb abduction and positive Tinel's Sign of the right wrist with tingling into the right hand. The injured worker's medications were noted to be Naproxen, Prilosec, and Tylenol. The treatment plan was to refill Naproxen, Prilosec, Tylenol, and await authorization for Occupational Hand Therapy and EMG/NCS of the bilateral upper extremities. The provider's rationale for the request for authorization for medical treatment was provided within a clinical exam 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG) Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS American College of Occupational and Environmental Medicine state "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The Primary Treating Physician's Progress Report of 06/03/2014 failed to provide an adequate neurological assessment. The examination did not address decreased reflexes or sensation to a specific dermatome. The documentation does not indicate failed conservative care. Due to the examination being unclear, according to the guidelines, the request for EMG to the left upper extremity is not medically necessary.

**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 (ODG) Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS American College of Occupational and Environmental Medicine state "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The Primary Treating Physician's Progress Report of 06/03/2014 failed to provide an adequate neurological assessment. The examination did not address decreased reflexes or sensation to a specific dermatome. The documentation does not indicate failed conservative care. Due to the examination being unclear, according to the Guidelines, the request for EMG to the right upper extremity is not medically necessary.

**NCV 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 (ODG) Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS American College of Occupational and Environmental Medicine state "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The documentation submitted for review failed to provide a thorough neurological assessment. The progress report does not indicate neurological deficits such as decreased reflexes and decreased sensation to a specific dermatome. Due to the examination being unclear, according to the guidelines; the request for NCV to the left upper extremity is not medically necessary.