

<b>Case Number:</b>	CM13-0007346		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male, who sustained an industrial injury on March 13, 2008. His diagnoses include status post left knee arthroscopy and left ankle internal derangement. There was no documentation of past treatments, medications or any diagnostic studies in the medical records provided. On July 1, 2013, his treating physician reports the injured worker has tenderness of bilateral hands, decreased grip strength and positive Tinel's of the bilateral wrists. The treatment plan includes electrodiagnostic studies 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:

**1 EMG OF THE RIGHT UPPER EXTREMITY OUT-PATIENT BETWEEN 7/10/2013 AND 8/24/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for EMG of right upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the requesting physician has identified that the patient has physical examination findings including weakness in upper extremity muscles and findings suggestive of carpal tunnel syndrome. However, there is no documentation of failed conservative treatment such as wrist splints or any indication as to how long these symptoms have been present. Furthermore, there is no documentation of radiculopathic complaints or findings to support the EMG portion of the study. In the absence of such documentation, the currently requested EMG of the right upper extremity is not medically necessary.

**1 NCV OF THE RIGHT UPPER EXTREMITY OUT-PATIENT BETWEEN 7/13/2013 AND 8/24/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for NCS of right upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the requesting physician has identified that the patient has physical examination findings including weakness in upper extremity muscles and findings suggestive of carpal tunnel syndrome. However, there is no documentation of failed conservative treatment such as wrist splints or any indication as to how long these symptoms have been present. In the absence of such documentation, the currently requested NCV of the right upper extremity is not medically necessary.