

<b>Case Number:</b>	CM14-0124394		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/22/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Orthopedic Surgery 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:

According to the records made available for review, this is a 46-year-old male with a 6/22/14 date of injury. At the time (7/17/14) of request for authorization for EMG Left Wrist, there is documentation of subjective (left wrist pain with numbness) and objective (positive Phalen's as well as Tinel's sign over bilateral wrist with decreased finger grip) findings, current diagnoses (carpal tunnel syndrome), and treatment to date (medications and wrist brace). 12/8/14 medical report identifies that surgery would be a consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left Wrist:** Overturned

**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 and 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electrodiagnostic studies (EDS)

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. ODG identifies documentation of clinical signs (positive findings on

clinical examination) of carpal tunnel syndrome and patients who are candidates for surgery, as criteria necessary to support the medical necessity of EMG/NCV. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, given documentation of subjective (left wrist pain with numbness) and objective (positive Phalen's as well as Tinel's sign over bilateral wrist with decreased finger grip) findings, there is documentation of clinical signs (positive findings on clinical examination) of carpal tunnel syndrome. Furthermore, there is documentation that patient is a candidate for surgery. Therefore, based on guidelines and a review of the evidence, the request for EMG Left Wrist is medically necessary.