

<b>Case Number:</b>	CM14-0141614		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. 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:

This is a 37 year old female with a date of injury on 9-24-2013. A review of the medical records indicates that the injured worker is undergoing treatment for left carpal tunnel syndrome and bilateral ulnar neuritis (cubital tunnel syndrome). According to the progress report dated 6-25-2014, the injured worker complained of constant left hand and wrist pain, rated eight to nine out of ten. She complained of on and off right hand and wrist pain rated five to six out of ten. Per the treating physician (6-25-2014), the employee was not currently working. The physical exam (6-25-2014) reveals positive Tinel's test at cubital tunnel and positive elbow flexion test bilaterally. There was stiffness in the second, third and fourth fingers with extension and flexion claw deformities. Exam of the bilateral wrists and hands revealed positive compression test. Treatment has included right carpal tunnel release, therapy, acupuncture, injections and medications (Tramadol, Diamox, Elavil and thyroid medications). The injured worker underwent electromyography (EMG) and nerve conduction study (NCS) of the left upper extremity on 4-18-2014 which was normal. The request for authorization dated 7-28-2014 was for electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral upper extremities. The original Utilization Review (UR) (8-1-2014) non-approved requests for electromyography (EMG) of the left upper extremity, nerve conduction velocity (NCV) of the left upper extremity, nerve conduction velocity (NCV) of the right upper extremity and electromyography (EMG) of the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Forearm Wrist, & Hand updated (2/18/2014)(ODG) Official Disability Guidelines Carpal Tunnel Syndrome (updated 02/20/204).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG of left upper extremity, 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, it appears the patient had undergone upper extremity electrodiagnostic studies 2 months prior to this request. It is unclear how the patient's symptoms and findings have changed since the time of the most recent electrodiagnostic studies. Furthermore, it is unclear how a 2nd electrodiagnostic test will change the current treatment plan. In the absence of clarity regarding those issues, the currently requested EMG of left upper extremity is not medically necessary.

**NCV of the Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Forearm Wrist, & Hand updated (2/18/2014)(ODG) Official Disability Guidelines Carpal Tunnel Syndrome (updated 02/20/204).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for NCV of left upper extremity, 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, it appears the patient had undergone upper extremity electrodiagnostic studies 2 months prior to this request. It is unclear how the patient's symptoms and findings have changed since the time of the most recent electrodiagnostic studies. Furthermore, it is unclear how a 2nd electrodiagnostic test will change the current treatment plan. In the absence of clarity regarding those issues, the currently requested NCV of left upper extremity is not medically necessary.

## **NCV of Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Forearm Wrist, & Hand updated (2/18/2014)(ODG) Official Disability Guidelines Carpal Tunnel Syndrome (updated 02/20/2014).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for NCV of right upper extremity, 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, it appears the patient had undergone upper extremity electrodiagnostic studies 2 months prior to this request. It is unclear how the patient's symptoms and findings have changed since the time of the most recent electrodiagnostic studies. Furthermore, it is unclear how a 2nd electrodiagnostic test will change the current treatment plan. In the absence of clarity regarding those issues, the currently requested NCV of right upper extremity is not medically necessary.

## **EMG of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Forearm Wrist, & Hand updated (2/18/2014)(ODG) Official Disability Guidelines Carpal Tunnel Syndrome (updated 02/20/2014).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG of right upper extremity, 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, it appears the patient had undergone upper extremity electrodiagnostic studies 2 months prior to this request. It is unclear how the patient's symptoms and findings have changed since the time of the most recent electrodiagnostic studies. Furthermore, it is unclear how a 2nd electrodiagnostic test will change the current treatment plan. In the absence of clarity regarding those issues, the currently requested EMG of right upper extremity is not medically necessary.