

<b>Case Number:</b>	CM14-0194938		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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, has a subspecialty in Pain Management 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:

The patient is a 61-year-old female with date of injury of 07/29/2013. The listed diagnoses from 10/22/2014 are: 1.Right wrist pain and weakness.2. Medial epicondylitis. 3. Bilateral carpal tunnel syndrome, left greater than the right from EMG 12/18/2013 4. Tendinitis of the right forearm. According to this report, the patient continues to complain of right upper extremity pain. She has aching pain from the hand all the way up to the elbow, forearm, and wrists. She has limited range of motion in the wrists. The patient is unable to extend her fingers, and she has shocking pain from the elbow down to the 4th and 5th fingers with numbness and tingling. She states "her pain can be sharp and burning." The patient also reports weakness of the hand. Her current pain level is 4/10 to 5/10. Examination shows swelling and significant tenderness of the medial epicondyle. There is tenderness at the lateral epicondyle. Range of motion in the elbow is full. Positive Tinel's at the elbow causing shocking pain down to the 4th and 5th fingers. There is decreased sensation in the 3rd, 4th, and 5th fingers, more so than the 1st and 2nd fingers. Injured worker has limited range of motion of the wrists. The patient is unable to fully extend the proximal interphalangeal (PIP) joints of the 2nd, 3rd, and 5th fingers by approximately 10 degrees. She has a weak grasp in her right hand. The provider references an MRI of the right wrist from 09/26/2013 that showed trace amounts of fluid in the distal radial ulnar joint, mild intermediate signal intensity along the volar component of scapholunate ligament, a 9-mm lobulated T1 hypointense/T2 hyperintense focus within the triquetrum. The documents include progress reports from 04/16/2014 through 11/17/2014. The utilization review denied the request on 10/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV (nerve conductive velocity) of the right upper extremity, EMG (electromyogram) of the right upper extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (updated 8/8/14), Carpal Tunnel Syndrome (updated 2/20/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter: Nerve Conduction Studies (NCS).

**Decision rationale:** This patient presents with right upper extremity pain. The provider is requesting an NCV of the right upper extremity, EMG of the right upper extremity. The ACOEM guidelines, page 262, on EMG/NCV states that appropriate studies (EDS) may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography (EMG). Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. ODG on NCV states, "Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam." The records note that the patient had an EMG from 12/18/2013 that showed bilateral carpal tunnel syndrome, left greater than right; however, this report was not made available for review. The 09/24/2014 report shows aching, sharp, and burning pain primarily in her 4th and 5th fingers radiating up to the arm and into the elbow. She is unable to completely flex and extend the wrists. The patient is also unable to fully extend her 2nd through 5th fingers. She feels weakness, numbness, and tingling in the hands. The provider does not explain why repeat studies are necessary given the patient's CTS diagnosis. However, the patient does presents with significant clinical findings, and an updated EMG/NCV is supported by the ACOEM and ODG guidelines. The request is medically necessary.