

<b>Case Number:</b>	CM14-0195868		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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:

This is a female patient with the date of injury of April 7, 2011. A Utilization Review dated October 31, 2014 recommended non-certification of EMG/NCV bilateral upper extremities. A Progress Report dated October 10, 2014 identifies Subjective Complaints of right wrist continued pain. Objective Findings identify tender F/Ex tendons, A1 pulley. Positive Tinel's/Phalen's. Diagnoses identify cervical spine sprain, impingement/rotator cuff syndrome, de Quervain's, medial/lateral epicondylitis, and CTS. Treatment Plan identifies request authorization for bilateral UE EMG/NCV. There is note that EMG/NCV on 5/30/13 was positive for mild-moderate CTS, positive mild peripheral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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/NCV of the bilateral upper extremities, Occupational Medicine Practice Guidelines state Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. ODG states electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Within the documentation available for review, there is no indication that the patient may be a candidate for surgery. In addition, there is no clarification as to why repeat studies are needed, as there is note of positive electrodiagnostic studies on 5/30/13. As such, the currently requested EMG/NCV of the bilateral upper extremities is not medically necessary.