

<b>Case Number:</b>	CM14-0200212		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury with date of injury of 06/15/14. He had the onset of neck pain beginning in January 2014 attributed to prolonged posture and repetitive head and neck and right upper extremity motion. He was seen by the requesting provider on 10/09/14. He was having difficulty sleeping. He had symptoms of stress and depression. He was having abdominal problems attributed to medications. Physical examination findings included a decreased cervical lordosis. There was cervical paraspinal and upper trapezius muscle tenderness. He had decreased cervical spine range of motion. There was right forearm tenderness and positive Tinel's and Phalen's testing with right 2nd and 3rd finger symptoms. There was decreased right upper extremity sensation. Authorization for chiropractic treatment, internal medicine, sleep, and psychiatric consults, EMG/NCS testing, and Norflex were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV to the right upper extremity:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Carpal Tunnel

Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS) (2) Carpal Tunnel Syndrome (Acute & Chronic), Splinting.

**Decision rationale:** The claimant has a history of a work-related injury in June 2014 and was seen by the requesting provider approximately 3 months after injury. There was positive Tinel and Phalen testing and decreased right upper extremity sensation. Nerve conduction testing is recommended in patients with clinical signs of CTS who may be candidates for surgery. Needle electromyography (EMG) may be helpful as part of electro diagnostic studies which include nerve conduction studies. In this case, the claimant has clinical examination findings consistent with possible right carpal tunnel syndrome. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. When requested, the claimant had not undergone conservative treatments and would not be considered a candidate for surgery. Therefore, the requested right upper extremity EMG/NCV is not medically necessary.