

<b>Case Number:</b>	CM14-0200974		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/17/2014
<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 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:

This is a 38-year-old female with a 5/14/12 date of injury. According to a progress report dated 10/28/14, the patient presented with persistent right upper extremity complaints status post right subacromial decompression and Mumford procedure and right carpal tunnel release. She rated her right shoulder pain at 6/10, right arm pain at 5/10, right hand pain at 7/10, and right finger pain at 8/10. She continued to have increased numbness and tingling in her hands and continued to drop things. She has been attending physical therapy, which was not helping. On 2/10/14, a nerve conduction study was performed of the right upper extremity, which was noted to be normal. Objective findings: tenderness about the anterior deltoid, tenderness about the A1 pulley of the right hand, tenderness about the right carpal area, sensation diminished in the median nerve distribution, otherwise sensation is intact, diminished grip strength of right hand. Diagnostic impression: status post right subacromial decompression and Mumford procedure and rotator cuff repair on 3/31/14, right wrist pain following carpal tunnel release, right trigger thumb status post carpal tunnel release. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 11/17/14 denied the request for EMG/NCS right upper extremity. There is notation the patient underwent right carpal tunnel release on 9/18/12. Per an AME, it was felt the patient's examination findings indicated she was not a candidate for re-release. While there is notation the patient has been receiving physical therapy for treatment of the shoulder, there has been no recent conservative treatment of the wrist, nor any indication of any recent injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS (Electromyography/Nerve Conduction Studies) right upper extremity:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, TABLE 10-6, Chronic Pain Treatment Guidelines 9792.23.3 Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - EMG/NCS.

**Decision rationale:** The CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, the patient reported that she continued to have increased numbness and tingling in her hands and continued to drop things. She has been attending physical therapy, which was not helping. In addition, physical examination findings revealed diminished sensation in the median nerve distribution of the right hand and diminished grip strength. Therefore, the request for EMG/NCS (Electromyography/Nerve Conduction Studies) right upper extremity was medically necessary.