

<b>Case Number:</b>	CM14-0204097		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal Medicine 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 65 year old male was injured on 08/11/2014 while being employed. On provider visit 10/28/2014 he complained of ongoing discomfort with intermittent sharp pain in his right wrist and right knee. He complained of numbness and tingling in his right wrist, and two middle fingers as well as weakness of the knee. On examination of right wrist, visual evaluation was noted as unremarkable; no intrinsic or thenar atrophy was noted, there was triggering of the long finger noted, negative Tinel's over the median nerve, positive Phalen's sign and range of motion reveals 60 degrees of dorsiflexion and palmar flexion 20 degrees of radial deviation and 30 degree of ulnar deviation. Right knee was noted as visually unremarkable, no effusion but positive for crepitus with range of motion. His diagnoses was carpal tunnel syndrome of the right wrist, trigger finger of the right long finger and degenerative joint disease of the right knee. Treatment plan included right knee x-rays, wearing right wrist splints without improvement, electromyography (EMG) of the right upper extremity with the left upper extremity for comparison and possible surgical treatment after reviewing EMG results. The Utilization Review dated 11/15/2014 non-certified the request for prospective electromyography (EMG) of the right upper extremity with the left upper extremity for comparison. The reviewing physician referred to CA MTUS ACOEM Guidelines for recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of right upper extremity and left upper extremity for comparison:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 260, 272.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG of right upper extremity and left upper extremity for comparison is not medically necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction velocity studies. In more difficult cases, needle EMG may be helpful as part of electrodiagnostic studies which include nerve conduction studies. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses or carpal tunnel syndrome right wrist; trigger finger, right long finger; degenerative joint disease, right knee. The treating physician requested an EMG of the right upper extremity left upper extremity performed for comparison use. The history of present illness indicates there is numbness and tingling in the right wrist and two middle fingers. Physical examination shows a positive Phalen's sign. There was no atrophy noted and visual examination was unremarkable. The guidelines indicate EMG is recommended only in cases where diagnosis is difficult with their conduction velocity studies. The contralateral upper extremity is unremarkable. The history and physical examination are unremarkable. Routine EMGs (left upper extremity) is not clinically indicated. Consequently, absent the appropriate clinical indications for EMG and guidelines citing EMGs are not indicated (except in more difficult cases), EMG right upper extremity and left upper extremity for comparison is not medically necessary.