

<b>Case Number:</b>	CM14-0205375		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Occupational 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:

Patient is a 64 year-old female with date of injury 10/15/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/02/2014, lists subjective complaints as pain and tingling in the bilateral upper extremities. Objective findings: Right elbow: Positive Tinel's sign medial epicondyle. Sensation to light touch intact. Strength within normal limits. Full, painless range of motion. Left wrist: No tenderness to palpation or masses. Sensation to light touch intact. Strength within normal limits. Full, painless range of motion. Right wrist: tenderness to palpation. Left hand: Strength within normal limits. No tenderness. Full, painless range of motion. Hypoesthesia in thumb, index and long finger. Hypoesthesia in the ring and little finger. Right hand: Hypoesthesia in the thumb, index, and long finger. Hypoesthesia in the ring and little finger. Diagnosis: 1. Carpal tunnel syndrome 2. Medial epicondylitis of the elbow 3. Diabetes mellitus 4. Generalized and unspecified atherosclerosis 5. Hypertension 6. Obesity 7. Shoulder-impingement 8. Lesion of the ulnar nerve. It was noted that the patient had a prior EMG which was done 18 months ago and was abnormal, but the report itself was not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the left upper extremity:** Upheld

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

Guidelines; Forearm, Wrist, and Hand (updated 8/8/14), Electrodiagnostic studies / Carpal Tunnel Syndrome (updated 2/20/14), Electromyography / Nerve Conduction Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient's arm symptoms have been long-standing and were previously investigated 18 months ago by EMG studies. Physical exam is unchanged. There is no documentation explaining why repeat studies have been ordered. EMG of the left upper extremity is not medically necessary.

**EMG of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist, and Hand (updated 8/8/14), Electrodiagnostic studies / Carpal Tunnel Syndrome (updated 2/20/14), Electromyography / Nerve Conduction Studies

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient's arm symptoms have been long-standing and were previously investigated 18 months ago by EMG studies. Physical exam is unchanged. There is no documentation explaining why repeat studies have been ordered. EMG of the right upper extremity is not medically necessary.