

<b>Case Number:</b>	CM14-0051395		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51 year old female sustained a work related injury on 05/03/2010. According to a progress report dated 02/06/2014, the injured worker continued to complain of bilateral upper extremity pain. The injured worker did have a rotator cuff tear and impingement of the left shoulder. She had a history of right carpal tunnel release in July of 2012. The injured worker complained of pain, numbness and feeling fatigued in the bilateral upper extremities. Tinell's was negative on the left and equivocal on the right. Tenderness was noted along the medial and lateral epicondyles bilaterally. Neurologic exam was intact to reflexes and strength, although sensation was reported to be slightly decreased to light touch throughout bilateral hands. The provider noted that the injured worker understood that an EMG (electromyography) nerve conduction study of the bilateral upper extremities would potentially be useful to help determine whether there was any significant ongoing nerve injury or other injuries. This would also help to define the problem better and direct her treatment better. Impression included right rotator cuff tear and impingement status post acromioplasty and rotator cuff repair in 01/2011 and 07/2012, left rotator cuff tear and impingement with persistent pain and probable bilateral carpal tunnel syndrome status post right carpal tunnel release on 07/07/2012. Plan of care included EMG nerve conduction study of bilateral upper extremities to rule out bilateral radiculopathies versus other peripheral neuropathies that might be causing her pain and perpetuating her symptoms. On 02/20/2014, Utilization Review non-certified electromyography (EMG) of the upper extremities. According to the Utilization Review physician, the provider did not perform a detailed enough examination of the upper extremities to support the diagnoses of bilateral carpal tunnel

syndrome. Guidelines note that there are a significant number of additional tests that can be performed to demonstrate the likelihood of carpal tunnel syndrome. The injured worker should be carefully re-evaluated for bilateral carpal tunnel syndrome and the request be resubmitted if indicated. CA MTUS ACOEM Practice Guidelines Neck Chapter and Hand/Wrist Chapter were referenced. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electromyography (EMG) bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Forearm, Wrist, & Hand (Acute & Chronic)(Not including ?Carpal Tunnel Syndrome?); Carpal Tunnel Syndrome (Acute & Chronic) Electrodiagnostic studies (EDS).

**Decision rationale:** The injured worker sustained a work related injury on 05/03/2010. The medical records provided indicate the diagnosis of right rotator cuff tear and impingement status post acromioplasty and rotator cuff repair in 01/2011 and 07/2012, left rotator cuff tear and impingement with persistent pain and probable bilateral carpal tunnel syndrome status post right carpal tunnel release on 07/07/2012. The medical records provided for review do not indicate a medical necessity for Electromyography (EMG) bilateral upper extremities. The records indicate that of all the possible test for carpal tunnel syndrome only the Tinel's sign was documented. The MTUS recommends that a physical examination for carpal tunnel syndrome should include the administration of a Katz hand diagram; Tinel's sign; the Semmes-Weinstein test; Durkan's test; testing for Phalen's sign; checking for the square wrist sign. Furthermore, the MTUS recommends a thorough physical examination in order to establish or confirm diagnoses and to observe and understand pain behavior. The diagnostic tests are should be based on the information from the history and physical, but not just as screening tool. Additionally, the Official Disability Guidelines recommends that electromyography for carpal tunnel syndrome be done only in cases where diagnosis is difficult with nerve conduction studies (NCS).