

<b>Case Number:</b>	CM14-0068669		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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, New York, California  
 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:

The applicant is a represented 24-year-old [REDACTED] beneficiary who has filed a claim for alleged carpal tunnel syndrome and myofascial pain syndrome reportedly associated with an industrial injury of June 18, 2013. In a Utilization Review Report dated May 6, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. An RFA form dated May 2, 2014 was noted. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines in its determination, mislabeling the same as originating from the MTUS. The claims administrator acknowledged that earlier electrodiagnostic testing was reportedly negative. In an April 29, 2014 progress note, the applicant reported ongoing complaints of bilateral upper extremity pain reportedly attributed to cumulative trauma at work. Tenderness and pain about the thumbs, hands, wrists, and forearms was noted. Earlier electrodiagnostic testing of September 2013 was reportedly negative. The applicant's symptoms were reportedly a function of cumulative trauma at work. The attending provider stated, somewhat incongruously, that the applicant denied symptoms of numbness and tingling in the review of systems section of the note. The attending provider then stated that the applicant's symptoms were "classic" for carpal tunnel syndrome. Hyposensorium was noted about the bilateral hands. Repeat electrodiagnostic testing was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat EMG/NCV bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Yes, the request for EMG testing/NCV testing of the bilateral upper extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, electrodiagnostic testing may be repeated in applicants in whom earlier testing was negative in whom symptoms persist. Here, the treating provider has stated and/or suggested that the applicant has symptoms suggestive of bilateral carpal tunnel syndrome. Earlier electrodiagnostic testing was, in fact, negative. Obtaining repeat testing, thus, is indicated in the face of the applicant's persistent symptomatology and earlier negative test results. Therefore, the request was medically necessary.