

<b>Case Number:</b>	CM15-0132185		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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 51-year-old who has filed a claim for chronic neck, low back, elbow, wrist, knee, and ankle pain reportedly associated with an industrial injury of May 29, 2013. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced progress notes of April 14, 2015 and March 3, 2015 in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the bilateral upper extremities was apparently performed on July 13, 2015 and was notable for mild bilateral carpal tunnel syndrome and mild peripheral neuropathy. The electrodiagnostic testing of bilateral upper and bilateral lower extremities was performed on July 13, 2015 and was notable for mild bilateral carpal tunnel syndrome and mild peripheral neuropathy. The electrodiagnostician stated that the applicant had issues with pain, numbness, and weakness of unspecified reasons since the industrial injury. Overall commentary as to the nature of the applicant's presenting complaints was sparse. An April 14, 2015 medical-legal evaluation was notable for commentary despite the fact that the applicant had "manifold" symptoms to include weakness, burning, and tingling, headaches, neck pain, wrist pain, hand pain, and digital pain. The applicant did report burning pain and paresthesias about the digits, it was reported. The medical-legal evaluator did apparently conduct a comprehensive survey of records. There was no mention of the applicant's has had prior electrodiagnostic testing of the upper extremities. The remainder of the file was surveyed. No clinical progress notes were provided; the sole notes provided were the electro diagnostician's report and the medical-legal evaluator's report.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** Yes, the request for EMG-left upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Here, the applicant did present with complaints of neck pain and upper extremity paresthesias, both the medical-legal evaluator and electro diagnostician reported. Appropriate electrodiagnostic testing was, thus, indicated to differentiate between possible cervical radiculopathy versus carpal tunnel syndrome versus other suspected considerations. The electrodiagnostic testing in question was performed on July 30, 2015 and was positive for mild bilateral carpal tunnel syndrome superimposed on mild peripheral neuropathy. Therefore, the request is medically necessary.

### **NCV right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** Similarly, the request for NCV testing of the right upper extremity was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other suspected considerations, such as cervical radiculopathy. Here, the applicant did present reporting issues with neck pain and upper extremity paresthesias during encounters in mid-2015, referenced above. The electrodiagnostic testing in question was performed on July 13, 2015 and was notable for mild bilateral carpal tunnel syndrome superimposed on issues with mild peripheral neuropathy. Therefore, the request is medically necessary.

### **NCV left upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** Similarly, the request for nerve conduction testing of the left upper extremity was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as the cervical radiculopathy. Here, the applicant had complaints of neck pain and upper extremity paresthesias present on multiple encounters of mid-2015, referenced above. Appropriate electrodiagnostic testing, including the nerve conduction testing at issue, was indicated to differentiate between various diagnostic considerations and possibilities. The electrodiagnostic testing in question was performed on July 13, 2015 and was positive for bilateral carpal tunnel syndrome superimposed on mild peripheral neuropathy. Therefore, the request is medically necessary.

**EMG right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** Finally, the request for EMG testing of the right upper extremity is likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Here, the applicant did present with neck pain and upper extremity paresthesias on multiple encounters of mid-2015, referenced above. Appropriate electrodiagnostic testing including the EMG at issue was indicated to delineate between the various diagnostic considerations. The electrodiagnostic in question was performed on July 13, 2015 and was positive for mild bilateral carpal tunnel syndrome superimposed on mild peripheral neuropathy. Therefore, the request is medically necessary.