

<b>Case Number:</b>	CM15-0133088		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Connecticut, California, Virginia

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 injured worker is a 55 year old male, who sustained an industrial injury on March 24, 2014. The injured worker has complaints of pain, numbness, tingling and weakness in bilateral hands. Left wrist experience had tenderness with palpation of the left wrist volar wrist and range of motion of the left wrist is limited in flexion of 60 degrees and extension of 40 degrees. Right wrist range of motion was limited in flexion of 60 degrees and extension of 40 degrees. The diagnoses have included hand strain and sprain; wrist strain and sprain and carpal tunnel syndrome. Treatment to date has included ultram and status post bilateral carpal tunnel surgery. The request was for electromyography/nerve conduction study bilateral upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Bilateral Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 267, 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

**Decision rationale:** Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities 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 there is not sufficient evidence of progressive neurologic physical exam abnormalities provided in the documents to warrant repeated study in light of prior carpal tunnel releases, and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for further electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.