

<b>Case Number:</b>	CM15-0135236		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 3/21/2012, resulting from cumulative trauma. The injured worker was diagnosed as having carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included diagnostics, multiple orthopedic surgeries, and medications. Currently, the injured worker complains of numbness and tingling to the right upper extremity, no change in symptoms. Medications included Alprazolam, Coumadin, Cyclobenzaprine, Fluoxetine, Hydrocodone, Lorazepam, Paroxetine, and Tramadol. Physical exam noted continued thenar atrophy of the right upper extremity with intraosseus atrophy. There was moderate atrophy of the forearm muscles and grip strength was 4/5. He had difficulty with finger crossing and positive Tinel and Phalen tests. The treatment plan included updated muscle testing for the right upper extremity. His work status was retired. Previous electromyogram and nerve conduction studies (4/2014) were documented as showing right radial nerve entrapment at the elbow. Electromyogram and nerve conduction studies of the right upper extremity were submitted from 11/13/2014, noting moderate to severe radial neuropathy at the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve conduction velocity of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** The patient presents with RIGHT upper extremity numbness and tingling. The request is for ELECTROMYOGRAPHY/NERVE CONDUCTION VELOCITY OF THE RIGHT UPPER EXTREMITY. The request for authorization was not dated. EMG/NCS of the RIGHT upper extremity, 04/15/14, shows exam is consistent with a mild neuropraxia of the RIGHT median nerve at the wrist; i.e. a mild RIGHT carpal tunnel syndrome; the motor NCV amplitude is low normal and the needle exam has evidence of motor unit loss in the thenar mm consistent with CTS or more proximal lesion; both F-waves are abnormal which may indicate a more proximal problem such as radiculopathy. EMG/NCS of the RIGHT upper extremity, 11/13/14, shows moderate-severe radial neuropathy at the elbow. Physical examination reveals the patient to have thenar atrophy of RIGHT upper extremity with intraosseous atrophy. There is moderate atrophy of the forearm muscles. There is difficulty with finger crossing. There is a positive Tinel over the transverse carpal ligament and over the cubital tunnel, Phalen's test remains positive. Patient's medications include Alprazolam, Coumadin, Cyclobenzaprine, Fluoxetine, Hydrocodone, Lorazepam, Paroxetine, and Tramadol. Per progress report dated 05/14/15, the patient is retired. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist". Per progress report dated 05/14/15, treater's reason for the request is "I recommend the patient follow up with [REDACTED] and we too agree that an MRI of the cervical spine and repeat EMG of the right upper extremity should be authorized and performed." ACOEM allows for repeat electrodiagnostic studies only if the prior ones are negative during the acute phase. In this case, there is no new injury, new clinical information or change in neurologic findings to warrant updated studies. Therefore, the request is not medically necessary.