

<b>Case Number:</b>	CM15-0163795		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

This 48 year old woman sustained an industrial injury on 3-11-2015 while pulling down a folded kitchen wall table. The worker states she did report the injury to her supervisor, however, did not receive any medical attention. Diagnoses include right elbow strain, right lateral epicondylitis rule out tear, right cubital tunnel syndrome, right carpal tunnel syndrome, and right wrist sprain. Treatment has included oral medications and physical therapy. Physician notes dated 6-29-2015 show complaints of right shoulder and arm pain rated 9 out of 10 and right wrist and hand pain rated 7 out of 10. Recommendations include electromyogram and nerve conduction studies of the bilateral upper extremities, right elbow MRI, hand consultation, continue Aleve, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) study of the right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The current EMG (Electromyography) study of the right upper extremity. The RFA is dated 07/23/15. Treatment history included medications, OT, PT, acupuncture and chiropractic treatments. The patient was advised to return to work with restrictions. ACOEM chapter 11, page 261, Forearm, Wrist, and Hand Complaints, has the following regarding EMG/NCV for hand/wrist symptoms: "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 report 08/29/15, the patient presents with continued complaints of pain in right shoulder, right arm, hand and fingers. There was weakness in the right upper extremities with numbness and tingling in the right arm, hand and fingers, with associated swelling. The treater requests MRI of the elbow, hand consult, medications and EMG/NCV of the bilateral upper extremities to evaluate for cubital and carpal tunnel syndrome. The UR approved EMG on the right and denied NCV for the bilateral UE and EMG of the left. The patient has persistent right upper extremity complaints, despite conservative treatments. ACOEM supports EMG to help differentiate between CTS and other cervical conditions. There is no indication of prior Electromyography studies. This request is medically necessary.

**EMG (Electromyography) study of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The current EMG (Electromyography) study of the left upper extremity. The RFA is dated 07/23/15. Treatment history included medications, OT, PT, acupuncture and chiropractic treatments. The patient was advised to return to work with restrictions. ACOEM chapter 11, page 261, Forearm, Wrist, and Hand Complaints, has the following regarding EMG/NCV for hand/wrist symptoms: "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 report 08/29/15, the patient presents with continued complaints of pain in right shoulder, right arm, hand and fingers. There was weakness in the right upper extremities with numbness and tingling in the right arm, hand and fingers, with associated swelling. The treater requests MRI of the elbow, hand consult, medications and EMG/NCV of the bilateral upper extremities to evaluate for cubital and carpal tunnel syndrome. The UR approved EMG on the right and denied NCV for the bilateral UE and EMG of the left. The patient has persistent right upper extremity complaints, and no subjective or objective findings concerning the left upper extremity. The examination findings do not document pathology in the left upper extremity and without clear examination findings of neurological deficit to the left side, the request for an EMG of the left upper extremity is not indicated. The request is not medically necessary.

**NCV (Nerve Conduction Velocity) study of the left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The current NCV (Nerve Conduction Velocity) study of the left upper extremity. The RFA is dated 07/23/15. Treatment history included medications, OT, PT, acupuncture and chiropractic treatments. The patient was advised to return to work with restrictions. ACOEM chapter 11, page 261, Forearm, Wrist, and Hand Complaints, has the following regarding EMG/NCV for hand/wrist symptoms: "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 report 08/29/15, the patient presents with continued complaints of pain in right shoulder, right arm, hand and fingers. There was weakness in the right upper extremities with numbness and tingling in the right arm, hand and fingers, with associated swelling. The treater requests MRI of the elbow, hand consult, medications and EMG/NCV of the bilateral upper extremities to evaluate for cubital and carpal tunnel syndrome. The UR approved EMG on the right and denied NCV for the bilateral UE and EMG of the left. The patient has persistent right upper extremity complaints, and no subjective or objective findings concerning the left upper extremity. The examination findings do not document pathology in the left upper extremity and without clear examination findings of neurological deficit to the left side, the request for an NCV of the left is not indicated. The request is not medically necessary.