

<b>Case Number:</b>	CM15-0180442		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 57 year old female who sustained an industrial injury on 05-31-2013. A review of the medical records indicates that the injured worker is undergoing treatment for synovitis and tenosynovitis not otherwise specified, carpal tunnel syndrome, pain in limb, and cervical sprain and strain. According to the progress note dated 08-05-2015, the injured worker reported chronic neck pain, bilateral shoulder pain and bilateral wrist pain. Pain level was 7 out of 10 with medications on a numeric pain rating scale. Physical examination performed on 08-05-2015 revealed guarding, spasm, and tenderness in the paravertebral musculature of the cervical spine with painful decreased range of motion. Physical exam also revealed diminished bilateral bicep tendon reflexes, decrease muscle strength, painful decrease of bilateral shoulder range of motion, diminished bilateral grip strength, diminished two-point discrimination to the bilateral wrist, and positive Phalen's test. Neurodiagnostic studies of the upper extremities on 3-31-2014 revealed mild to moderate bilateral carpal tunnel syndrome. According to 04-15-2015 report, the treating physician reported that the Magnetic Resonance Imaging (MRI) of the shoulder revealed mild acromioclavicular joint (AC) joint hypertrophy and intrasubstance tear of the infraspinatus tendon. MRI of the cervical spine revealed 3-4 millimeter disc herniation at the C6-C7 level, which caused mild to moderate foraminal stenosis. Treatment to date has included electrodiagnostic studies on 03-31-2014, functional capacity evaluation on 05-12-2015, X-rays to her neck, right shoulder, right wrist and hand, MRI of the shoulder and cervical spine, pain medication, anti-inflammatory agents, cortisone shot to right shoulder, and periodic follow up visits. The treatment plan included an updated nerve study of the bilateral upper extremities due

to increased wrist pain. The utilization review dated 08-27-2015, non-certified the request for Electromyography (EMG)-Nerve conduction velocity (NCV) of the bilateral upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The patient presents with neck pain, right shoulder and wrist pain, and back pain. The request is for EMG/NCV of the bilateral upper extremities. Patient is status post right carpal tunnel release surgery, date unspecified. Physical examination to the cervical spine on 04/15/15 revealed tenderness to palpation over the paravertabral musculature, upper trapezius, and interscapular area. Examination to the right shoulder revealed tenderness to palpation over the anterior deltoid, supraspinatus insertion, biceps tendon and the acromioclavicular joint. Patient's treatments have included image studies, EMG/NCV studies, physical therapy, and medication. Per 07/08/15 progress report, patient's diagnoses include synovitis and tenosynovitis, carpal tunnel syndrome, pain in limb, and cervical sprain/strain. Patient is permanent and stationary. 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." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under EMG states: recommended as an option in select cases. ODG further states regarding EDS in carpal tunnel syndrome, recommended in patients with clinical signs of CTS and may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), with the additional electromyography (EMG) is not generally necessary. In progress report dated 08/05/15, the treater states that the patient is requesting new nerve study today due to increased bilateral wrist pain. Patient's EMG/NCV test results from 03/31/14 showed mild to moderate bilateral carpal tunnel syndrome; there were no indications of ulnar neuropathy or cervical radiculopathy. In this case, there is no documentation of progressive neurological changes affecting the upper extremities to warrant a repeat EMG/NCV. The requested EMG/NCV is not medically necessary.