

<b>Case Number:</b>	CM15-0193726		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 [REDACTED] who has filed a claim for chronic elbow, wrist, shoulder, arm, and hand pain reportedly associated with an industrial injury of September 24, 2013. In a utilization review report dated September 26, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the right upper extremity. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant was placed off work, on total temporary disability. The applicant was described as having electrodiagnostically-confirmed carpal tunnel syndrome, the treating provider reported. The applicant was seemingly on diclofenac and Voltaren Gel, it was reported in one section of the note. A wrist brace was sought while the applicant was kept off work. The stated diagnoses included right-sided carpal tunnel syndrome with positive electrodiagnostic testing, wrist tendonitis, wrist pain, elbow pain, and elbow epicondylitis secondary to cumulative trauma at work. On September 8, 2015, the applicant apparently transferred care to a new primary treating provider (PTP), reporting issues with right shoulder, right elbow, and right wrist pain. The applicant was described as having electrodiagnostically-confirmed bilateral carpal tunnel syndrome, left greater than right, the treating provider acknowledged. The applicant had pain and paresthesias about the right shoulder, right arm, right elbow, right wrist, and right hand, it was reported in another section of the note. MRI imaging of the right shoulder, right elbow, and right wrist were all ordered in conjunction with electrodiagnostic testing of bilateral upper extremities. The applicant was apparently given an elbow brace and a carpal tunnel splint.

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

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

### **EMG/NCS of the Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** No, the request for electrodiagnostic testing (EMG-NCV) of the right upper extremity was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of treatment in applicants in whom earlier testing was negative in whom symptoms persist, here, however, the attending provider reported on September 8, 2015 that the applicant in fact carried and established diagnosis of bilateral carpal tunnel syndrome, left greater than right, previously electrodiagnostically confirmed. The prior positive electrodiagnostic testing seemingly obviated the need for the request in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 further notes that the routine usage of NCV/EMG testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended." In this case, the fact that the attending provider concurrently ordered MRI imaging of the shoulder, elbow, and wrist in conjunction with electrodiagnostic testing of the bilateral upper extremities strongly suggested that the electrodiagnostic testing in question had been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.