

<b>Case Number:</b>	CM15-0197568		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/20/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 4-20-15. The injured worker was diagnosed as having left shoulder, left elbow and left wrist sprain-strains. Treatment to date has included chiropractic therapy; Functional Capacity Evaluation (8-13-15); medications. Diagnostics studies included X-ray left shoulder; Left Wrist (7-15-15). Currently, the PR-2 notes dated 8-25-15 indicated the injured worker "complains of left shoulder pain documented as 5 out of 10 with pop and click. Will schedule her for a cortisone injection to decrease her symptoms. Complains of left elbow pain that comes and goes. Complains of left wrist pain documented as 3 out of 10 with numbness and tingling, weakness. Will request an EMG of the bilateral upper extremities to rule out carpal tunnel syndrome. Chiropractic therapy is not very helpful; will request physical therapy-acupuncture to decrease pain and increase mobility. Naproxen helpful; will refill". The provider circles on the form: "Functional change since last examination: "Improved - slower than expected; decreased pain intensity-frequency". He then notes "Objective Findings" No change physical exam since last visit 7-15-15. His treatment plan includes physical therapy and acupuncture for the left shoulder, elbow and wrist and an EMG for the bilateral upper extremities. X-rays done on 7-15-15 of the left shoulder and left wrist impression concluded "Unremarkable studies". A Request for Authorization is dated 10- 7-15. A Utilization Review letter is dated 9-10-15 and non-certification for Electromyogram (EMG)/Nerve conduction study (NCS) of the bilateral upper extremities. A request for authorization has been received for Electromyogram (EMG)/Nerve conduction study (NCS) 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:

### **Electromyogram (EMG)/Nerve conduction study (NCS) of the bilateral upper extremities:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome/Electrodiagnostic studies.

**Decision rationale:** The 8/25/15 progress note indicates that this study is being requested to rule out carpal tunnel syndrome. According to the ODG, a nerve conduction study is recommended in patients with clinical signs of CTS who may be candidates for surgery, but EMG is not generally necessary. This request is for both EMG and NCS. The 8/25/15 progress note does not include any documented physical exam signs consistent with carpal tunnel syndrome. Therefore, the request is not medically necessary.