

<b>Case Number:</b>	CM15-0206998		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 39 year old female, who sustained an industrial injury on 4-29-14. The injured worker was diagnosed as having status post right carpal tunnel release on 10-13-14, status post left carpal tunnel release on 2-7-15 and ganglionic cyst volar wrist and left lateral wrist. Subjective findings (6-16-15, 7-28-15) indicated persistent symptoms in the hands. Objective findings (6-16-15, 7-28-15) revealed "good" range of motion in the hands, median compression test at 30 seconds and grip strength 5 out of 5. As of the PR2 dated 9-15-15, the injured worker reports pain, numbness and tingling in the hands. Objective findings include "good" range of motion in the hands, median compression test at 10 seconds and grip strength 5 out of 5. The wrist extension is 60 degrees, flexion is 50 degrees, ulnar deviation is 30 degrees and radial deviation is 20 degrees. Treatment to date has included a home exercise program, occupational therapy and Voltaren gel. The Utilization Review dated 9-23-15, non-certified the request for an EMG 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 left upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the left upper extremity. The request is not medically necessary.

**EMG right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Electromyography (EMG) and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the right upper extremity. The request is not medically necessary.