

<b>Case Number:</b>	CM15-0027830		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Hawaii

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 52 year old female sustained an industrial injury on 12/22/10, with subsequent ongoing bilateral hand, wrist and elbow pain. Electromyography/nerve conduction velocity test of bilateral upper extremities (5/14/14) showed moderate to severe bilateral, left side more than right, median entrapment neuropathy across the wrists. In a PR-2 dated 1/5/15, the injured worker complained of pain to bilateral wrist, hands and elbows 6-7/10 on the visual analog scale with constant numbness and tingling to the right hand associated with increased weakness and dropping things. The injured worker reported that her symptoms had increased since the 5/20/14 electromyography/nerve conduction velocity test. The injured worker reported wrist pain 6-7/10 with activities. Physical exam was remarkable for positive Phalen's, Tinel's and Finkelstein tests bilaterally. Current diagnoses included bilateral lateral epicondylitis, right hand numbness rule out carpal tunnel syndrome and bilateral tendinitis. The treatment plan included electro-myography/nerve conduction velocity test of bilateral upper extremities and a bilateral wrist neoprene straps. On 1/17/15, Utilization Review noncertified a request for one (1) EMG/nerve conduction study of the bilateral upper extremities citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) EMG/nerve conduction study of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 178 (cervical chapter) and 260-262 (wrist chapter).

**Decision rationale:** The patient presents with pain affecting the bilateral wrist, hand and elbow. The current request is for One (1) EMG/nerve conduction study of the bilateral upper extremities. The treating physician report dated 1/5/15 (63B) states, numbness/tingling Bi hands. Need to assess severity of emg/ncs. The MTUS guidelines do not address the current request. The ACOEM guidelines state, Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist. The medical reports provided, show the patient had an EMG performed on 5/14/14, to rule out entrapment neuropathy. The EMG report states, There is electrophysiologic evidence of moderate to severe bilateral, Left side more than right, Median entrapment neuropathy across the wrists. The report dated 1/5/15 states, Symptoms have (increased) since then (previous emg/ncs) will request for updated emg/ncs. In this case, the patient presents with numbness/tingling in the bilateral hand that has persisted for longer than 3-4 weeks. Furthermore, the patients symptoms have increased since prior emg/ncs (5/14/14) and the ACOEM guidelines support repeat testing if symptoms persist. The current request satisfies the ACOEM guidelines as outlined in the cervical and wrist chapters. Recommendation is for authorization.