

<b>Case Number:</b>	CM15-0215881		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/31/2015
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 64 year old male who sustained an industrial injury on August 31, 2015. The worker is being treated for: CTS, internal derangement of knee and strains and sprains of wrists and hands. Subjective: August 26, 2015 he reported complaint of right knee, and bilateral wrist and hand pain. August 27, 2015 he complained of having constant sharp pain at right knee, frequent pain at left knee with radiating pain on the right leg; constant pressure on wrist. September 18, 2015 he reported right knee pain, bilateral wrist pain and gastric upset with medications. September 24, 2015 he reported complaint of intermittent moderate bilateral wrist pain accompanied with weakness, numbness, and tingling to right hand and fingers. There is also noted complaint of intermittent moderate dull, achy right knee pain and weakness. Objective: August 26, 2015 upon initial report of illness assessment showed right knee positive for swelling, Phalen's and decreased grip. There is also note of decreased sensation to median nerve distribution of bilateral wrists. August 27, 2015 noted tenderness on tibialis and patella head, and at the medial right knee joint. September 24, 2015 noted tenderness to palpation of the dorsal, lateral, medial and volar bilateral wrists' with a positive Phalen's and decreased grip strength. Diagnostic: August 2015 initial radiographic study of right knee, bilateral hands, wrists; radiographic study September 2015. Medication: September 18, 2015: OTC pain medication, prescribed: Voltaren, Gabapentin, and Protonix. Treatment: August 2015 noted: medication consultation, and 6 sessions of acupuncture; September 2015 noted request for session of

physical therapy and EMG nerve conduction study, HEP. On October 05, 2015 a request was made for EMG NCV testing of the bilateral upper extremities that was noncertified by Utilization Review on October 12, 2015.

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

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

#### **EMG (Electromyography)/NCV (Nerve Conduction Velocity) of bilateral upper extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG (Electromyography) /NCV (Nerve Conduction Velocity) of bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are right and left carpal tunnel syndrome; and right knee internal derangement. Date of injury is August 31, 2015. Request for authorization is October 5, 2015. According to a September 24, 2015 progress note, the injured worker has bilateral wrist pain with weakness, numbness and tingling of the fingers. There is right knee pain. Objectively, there is tenderness over the dorsum of the wrist. There is a positive Phalen's. Other than the positive Phalen's, there is no neurologic evaluation. The treating provider requested the therapy and acupuncture to decrease pain. There is no documentation of completed physical therapy. There is no documentation of anticipated carpal tunnel release surgery. Nerve conduction velocity studies are premature at this time. EMG studies are recommended only were diagnosis is difficult with nerve conduction studies. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation anticipating carpal tunnel release surgery and no clinical indication for EMG studies, EMG (Electromyography)/NCV (Nerve Conduction Velocity) of bilateral upper extremities is not medically necessary.